

# CHEMIST & DRUGGIST

The newsworthy for pharmacy September 14, 1991

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## President pushes DoH for action

## Lloyds sprint for tape in Macarthy race

## Medicopharma computerise endorsement

## David Thomas: an independent spokesman

## Diabetes: an overview

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**Business Editor:** Zachary Goldring, MSc  
**Technical Editor:** Charlotte Coker, MRPharmS  
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Pauline Borda  
**Production:** Shirley Wilson  
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## Comment

The Royal Pharmaceutical Society's president David Coleman is confident that community pharmacy, in the 150th year of the profession, can expect "exciting times and many opportunities". He is also confident that Secretary for Health William Waldegrave has noted the importance of pharmacy in relation to the health of the nation and will take proper account of the profession's role when the next Health White Paper is drawn up. Making these points at the opening of the 128th British Pharmaceutical Conference (p400) Mr Coleman drove home the message to Mr Waldegrave by reminding him of the impending publication of the working party report on the future of community pharmacy and the need to implement its findings without delay. In asking Mr Waldegrave to act in this way he must be confident indeed that the working party's findings will benefit community pharmacy and, in turn, the public. However, the Health Secretary gave Conference no real inkling of what lies ahead.

In recent years pharmacy has done much to put its house in order — not that there was anything disastrously wrong, anyway. This Autumn it will take another such step when it puts before the membership a proposal to link standards of practice to the ethics, through a direct reference in the revised Code of Ethics, that pharmacists must comply with the new

Standards of Good Pharmaceutical Practice. This will not satisfy those who wanted controls enshrined in law. But it should demonstrate the profession's commitment to excellence while increasing the Society's powers to deal effectively with the few offenders.

In the last couple of years the Government has emphasised its belief in postgraduate continuing education with the setting up of specialist centres in all the home counties. David Thomas says he has great hopes for the English Centre at Manchester (Interview, p436), and is keenly awaiting its plans. And in noting the "derisory" daily locum fee of £40 he will strike a cord with many of his colleagues. Perhaps pharmacists in England, Wales and Northern Ireland need to note Scottish plans for the Government to fund each contractor directly with £1,200 to attend eight such half-day courses each year — 70-75 per cent for course purchase, travel and subsistence, with 25-30 per cent as participation incentives, and with locum fees coming out of the Post Qualification Education Board budget.

The Government must develop a mechanism to recognise financially special pharmaceutical expertise in community practice. This bold proposal deserves closer scrutiny by both Government and the whole profession.

# Coleman pushes DoH for action in community pharmacy

Pharmacists are eagerly awaiting the latest report on the development of community pharmacy services, Royal Pharmaceutical Society president David Coleman told Health Secretary William Waldegrave on Tuesday. In a confident upbeat address to the opening session of the 128th British Pharmaceutical Conference in Liverpool, he said that no other profession has been more successful in adapting to change than pharmacy, and anticipated the new standards of practice which are to be incorporated in a revised Code of Ethics

The report of the joint working party on the development of community pharmacy in England and Wales is awaited with "great interest". RPSGB president David Coleman told Health Secretary William Waldegrave.

"I am quite impatient for the submission of the report to you and, I hope, its eventual publication with an indication that its main recommendations will be implemented without delay," he said, leaving Mr Waldegrave in no doubt that the profession expects some swift and positive moves from the Department of Health.

Much progress has been made in implementing many of the recommendations of the Nuffield Report, especially those on pharmacy education, he continued. "What the profession is now looking for is the political will to implement the important recommendations on pharmacy practice. This can only happen if the necessary resources are provided. We look to the joint working party to highlight the areas which will clearly benefit the public, and therefore cry out for financial support," said Mr Coleman.

No profession in the health sector has been more successful in adapting to change than pharmacy, he claimed. However, he warned that with all the talk of extended services and future roles, no one should lose sight of the importance of the basic services provided from the 11,870 pharmacies in Great Britain. The modern core role of the pharmacist in assessing prescriptions, ensuring the intended medication is supplied, and giving patients all the information they require, is vital.

The role of recommending appropriate medicine for treating ailments where, in the judgment of the pharmacist that medicine can be safely used, is equally important, as is the safekeeping and control over the distribution of medicines, especially those restricted to pharmacy sale, said Mr Coleman.

"The 11 European Community States do not undervalue the importance of these roles. They recognise that if community pharmacies did not exist, then an alternative would have to be invented. So in all the talk about development of the role of the community pharmacist, which we all want to see, let us refuse to allow anyone to undervalue what we do now," said Mr Coleman.

## Malicious

Turning to the ill will often stirred up by applications for pharmacy contracts in rural areas, Mr Coleman said nothing made him more angry than reading a headline in a local paper of the type "Pharmacy threat to village".

"Naturally I read the text. Quite incredibly, the so-called threat, conjured up by malicious misinformation about the suggested effects on medical services, is the opening of a pharmacy — a new facility from which a true pharmaceutical service will be provided to residents in the area for the first time ever. Some threat!

"How refreshing it was to see an FISA recently issuing a press release to announce the opening of a pharmacy in a village in Sussex, highlighting the Authority's view that the pharmacy would be an asset

to the local community."

Community pharmacy can look forward to exciting times and many opportunities, Mr Coleman felt, and was fortified in that view when looking at Government policies and the emerging pattern of provision of health care. New emphasis is being given to health promotion and ill health prevention.

But pharmacy does not feature prominently enough in the latest Green Paper "The Health of the Nation", he told Mr Waldegrave. "I know that because I hear at a conference held last month in London you took the initiative in stating, without prompting, that you accepted that too little emphasis had been given to pharmacy and that this would be corrected when the White Paper was published."

The Royal Pharmaceutical Society firmly believes that pharmacists have a key role to play in health promotion and ill-health prevention. "The potential of community pharmacists in this field and in participation in screening programmes for early detection of signs of illness, has been seriously under-utilised in the past," the president said.

The Pharmacy Healthcare scheme has shown that not only are pharmacists willing to become involved in health education, but that the outcome is very significant.

Governments are seeking to persuade more people to take personal responsibility for their health, and again community pharmacy is in the front line. Pharmacists could make an even greater contribution given a wider range of effective medicines to supply without prescription, said Mr Coleman. And the contribution pharmacists can make to encourage rational prescribing must not be overlooked.

There are also opportunities for pharmacists in assisting the health authorities with their policy of treating patients in the community.

The hospital pharmacy service is one of the NHS success stories of the past 20 years, suggested Mr Coleman, with significant advances having been achieved in spite of staffing difficulties over many years. The flexible grading scheme has

**"What the profession is looking for is the political will to implement the recommendations on pharmacy practice"**



RPSGB president David Coleman with Health Secretary William Waldegrave

improved morale as reasonable expectations of a career in the hospital service have been restored.

There is one major parochial concern arising from the introduction of contracts for services in the latest NHS reforms, he said, and this related to the national standards documents, upon which contracts should be based.

"What we do not wish to see is the activities of overzealous local managers, based on short term cost factors alone, leading to a reduction in their specification of the pharmaceutical component to a mere technical supply service. We are anxious to see some safeguards for the comprehensive service which has been shown to be of great value," said Mr Coleman.

The raising of standards of practice has been a long running priority of the Society, and Mr Coleman said he was proud of the improvements that had been achieved. But he warned against complacency, and announced that



**"Community pharmacists are in a unique position to provide informal assistance and advice... on minor health problems"**

# A guarded view of the Government's plans for pharmacy

Health Secretary William Waldegrave was giving little away at the opening session of the British Pharmaceutical Conference in Liverpool on Tuesday. His speech gave no indication of what support pharmacists can expect from the Government over the next few years. But in reiterating the now familiar dogma underlying the Conservative reforms of the NHS, that the needs and preferences of the patient are paramount, he gave some hints on the direction the Government is looking to develop community pharmacy services.

The jargon phrase to describe the current changes in community and hospital pharmacy practice is "a shift from product orientation to patient orientation". Something similar is happening in the NHS as a result of the Government reforms. Mr Waldegrave told the Conference.

A shift is taking place from a service dominated by large institutions to one in which the patient's interest is paramount. "It is the needs and preferences of service users which lie at the heart of the Government's Citizen's Charter. Improving the quality of the health services is central to the Charter. In a week or two's time I will publish a Patient's Charter which will set out in more detail how we propose to work with NHS staff and contractors to improve standards of service even further," he said.

Pharmacists have always identified and served the needs of people, both when they are ill and when they are well, Mr Waldegrave continued. "Those who deliver services which are paid for by the taxpayer need to have standards of quality and accountability. The ideas of the Citizen's Charter are a challenge to the profession to develop pharmaceutical care programmes and standards of quality to meet the needs of the community even better. I am

confident you will respond positively," the Minister said.

Mr Waldegrave then turned to what he saw as the challenges the profession faces over the coming years. Pharmacists have a growing role in both hospital and community based care. Community pharmacists are in a unique position to provide informal assistance and advice to people in dealing with a wide range of minor health problems, he acknowledged.

"An excellent example is the growing involvement of pharmacists in syringe exchange schemes, often on an entirely voluntary basis. Such schemes can make a vital contribution to reducing the spread of HIV infection. What is more, community pharmacists are able to offer help and advice to drug misusers. We hope shortly to reach agreement with the Pharmaceutical Services Negotiating Committee on arrangements to make pharmacy-based syringe exchange facilities more widely available," the Minister announced.

Mr Waldegrave said he wanted to "develop further pharmacists' contribution to health care." This was why the Department of Health had been promoting high quality pharmacy practice research through the "Enterprise Scheme". "We have also established a new system to provide the all-important continuing education which is

necessary," Mr Waldegrave reminded the Conference.

He thanked the Society for the invaluable part it has played in the working group which has been examining the future role of community pharmacy services. "The work is nearly complete and I look forward very much to receiving its report," he said.

The impact of the NHS reforms is bringing about far reaching changes in the work of hospital and community pharmacists in two broad areas, Mr Waldegrave said. The "liberating influence" of management reforms has given hospitals far greater freedom to run their own affairs, and this has created opportunities for professional staff to get more involved in management.

There is now the potential for pharmacists, along with other professional staff, to get involved in decisions about what services are most needed by local people and how they should be delivered. "It is vital that hospitals should involve pharmacists in the decisions over which drugs should be used. But pharmacists have an equally important role to play in discussions between health authorities and hospitals over NHS contracts," Mr Waldegrave said. "Last year Duncan Nichol, the NHS chief executive, emphasised the need to involve professional staff in drawing up NHS contracts. I would underline that the message applies to pharmacists as much as any other professional group."

## Improving health

In June a Green Paper was published setting out proposals for a national strategy to help co-ordinate efforts to improve health.

"Community pharmacists' close links with local people put them in a strong position to provide practical advice for people on a healthy lifestyle and to promote it on their premises and through their products. That is why I particularly look forward to hearing your responses to the Green Paper. It makes it doubly important in taking our proposals forward over the coming months," he said.



within the next month the Council will be circulating to all local branches a revised Code of Ethics, which will be in the new format adopted when the rules relating to advertising were adopted last year.

"The obligations of practising pharmacists will be clearly stated. One of those will be to comply with the Standards of Good Pharmaceutical Practice, a document which will be circulated for comment at the same time as the draft Code of Ethics."

These standards, if adopted by the membership at the annual meeting in 1992, will form an integral part of the Code and will set out standards which the profession as a whole agrees should be met.

The Council is aware that pharmacists will be judged by what people actually experience. The publication of standards of service people can expect is right in line with the expected provisions of the Patients' Charter.

"We hope to demonstrate that pharmacy has been thinking ahead," said Mr Coleman. He urged all pharmacists to contribute to the debate on the revised Code of Ethics and the standards document.



The platform party at the opening session of the 128th British Pharmaceutical Conference: (l-r), Mr B.B. Riley, secretary local Conference committee; John Ferguson, secretary and registrar; David Allen, vice-president; David Coleman, president; Health Secretary William Waldegrave; Dr E. Tomlinson, science chairman; David Sharpe, treasurer, and Dr W. Marlow, chairman, local Conference committee

# Welcome to Merseyside



Enjoying a conference drink (l-r) — Ray Gunning of Roussell Laboratories with Dr Detlev Schwabe from Hoechst AG in Frankfurt and Laurence Tressler, branch representative from Coventry and Warwickshire



Broadening her pharmacy horizons is Susan Jones from Nottingham, talking to Fred Reichert and his wife Allison from Australia



Liver bird Caroline Greenhalgh welcomes (l-r) Chief Andrew Egboh, a pharmaceutical consultant from Nigeria and pre registration pharmacist Bolaji Adediran. Mascot Brendan Nyss adds his welcome



Enjoying conference, having travelled from North of the Border, are (l-r) Dr James Johnson, Strathclyde University, Dr James Bunney, chairman of the Scottish Executive, Dr Catherine McKean, Victoria Infirmary, Glasgow and Dr Alexander Davidson, head of the Medicines Testing Laboratory in Edinburgh



Adding a drop of culture from 'across the water' to conference were (l-r) Tom Hunter from Belfast, Edith Halliday, branch chairman of Leeds & District, Dr William Woodside, vice-president, PSNI, Charlotte Holliday and husband Robin who is this year's PSNI president, Kay Furness, South West Metropolitan branch secretary and Ronnie McMullan, from Belfast



In jovial mood (l-r) — Helen Boardman, a pharmacist from Hull and Anthony Greateox from Astra Pharmaceuticals



Representing three aspects of pharmacy in Birmingham are (l-r) Anne Cope, a hospital pharmacist, Roger Phillips, who works in community pharmacy and Dr Anthony Smith from Aston University



Broadening their pharmacy horizons are (l-r) Elizabeth Morgan from Chester and Estelle Leigh chatting to Noel Baumber, and Ann Lewis, both Council members



Among those who had made the trip to Merseyside from the South East were (l-r) Rhoda Lee, North Metropolitan branch, Anthony Chong, a community pharmacist from Chelmsford, Derek Hollows from Dragon Exhibitions, organisers of Pharmex 91, Jane Vicary, Chelmsford and Claire Tasker, also from Dragon Exhibitions



Indulging in pharmaceutical discussions (l-r) Christine Clark, director of pharmacy from Manchester, Stephen Hudson, University of Strathclyde & Lothian Health Board and Laurence Goldberg — district pharmaceutical officer from Manchester



Enjoying the welcome to Merseyside reception are (l-r) Marian Funk, district pharmaceutical officer from Dorset, Marion Joyner from Shropshire and Dr Peter Weedle, registrar and secretary from Dublin



Anticipating a good conference are (l-r) Sheila Watt from Edinburgh, Marian McCall from the Edinburgh and Lothian area and Dr Colin Virden, secretary of the Pharmaceutical General Council, Scotland



Anticipating a good conference are (l-r) Donald Wood from Barnsley and Dorothy Huolohan and husband Paul from New South Wales, Australia



Registering for conference are (l-r) Kate Cainell from Australia and Colin Johns, president of the pharmacy Guild of Australia. Providing all the necessary assistance are conference steward Dr Malcolm Partridge, deputy treasurer Dr James Ford and treasurer Dr Gerard Lee



Susan Marsh, head of the Society's Law Department is enjoying the warmth of Merseyside hospitality with (l-r) David Sharpe, chairman of the Pharmaceutical Services Negotiating Committee, Ainley Wade and Walter Lund from Edinburgh

# Medicopharma add script endorsing

Wholesalers Medicopharma UK have launched a pharmacy computer system which endorses prescriptions and enables pharmacists to check their remuneration.

Mediphase is the result of two years' research and development by pharmacists in conjunction with a team at Medicopharma UK during the past year. It will be marketed by a new subsidiary, Pharmacy Systems Ltd (PSL).

The system comprises five modules: labelling, patient medication records, drug interactions and endorsement-led re-ordering as well as prescription endorsement. The accurate endorsement is printed directly on to the prescription form, which acts as an invoice for goods and services provided.

Mediphase presents monthly statistics in the same format as the Prescription Pricing Authority statement but contains more detail such as the number of threshold payments, special fees and the value of additional fees. The information is held for several months, allowing pharmacists to check their remuneration. Broken bulk is also monitored.

Medicopharma's chief executive John Baseley believes Mediphase is the most important breakthrough to hit community pharmacy since the late seventies. "It will enable all pharmacies to maximise their entitlement from the PPA", he says, pointing out that the NHS is pharmacists' biggest customer and represents the highest proportion of their cash flow but they do not know what they will be paid until their prescriptions are priced.

Initially the system will be available only to Medicopharma's existing customers, but will

eventually be offered to all pharmacies in England and Wales. A version is being developed for Scottish pharmacists and should be available shortly.

In due course PSL intend to offer an EPoS system, which will integrate with Mediphase, so the company advises pharmacists not to commit themselves to other EPoS systems until they have investigated Mediphase which will be launched officially later this month at Chemex, September 29-30 (stands D46, L10).

Automatic endorsement-led re-ordering and transmission makes the system a complete dispensary management package which

reduces stock, improves cash flow, saves time and makes life easier for locums, say PSL.

The software will be available free but there will be a service charge, to be announced at Chemex, for monthly updates from the Drug Tariff, C&D Price List, etc. PSL are offering a hardware package costing £1,699 plus VAT consisting of a Samsung Deskmaster 386S/16 computer with colour monitor and two Star LC10 printers. Pharmacists wishing to update their existing systems will be advised accordingly.

Through Medicopharma, PSL will offer hardware and software for one month's trial at a cost of £230,

## One of the facilities offered

Broken Bulk Register			
Drug name	Qty. Left	Claimed	Expires
Aldactide 25 tabs	50	Aug 91	Feb 92
Aldactone tabs 25mg	79	Aug 91	Feb 92
Allopurinol tabs 300mg	6	Aug 91	Feb 92
Betnovate cream	25	Aug 91	Feb 92
Burinex tabs 1mg	70	Aug 91	Feb 92
Calcium carbonate co. pced mixt	20	Aug 91	Feb 92
Hypovase tabs 0.5mg	8	Aug 91	Feb 92
Phyllocontin tabs 225mg	20	Aug 91	Feb 92
Precortisyl tabs 1mg	49	Aug 91	Feb 92

## Discussion on discounts

The Pharmaceutical Services Negotiating Committee has set up a working party with Glaxo to discuss the potential effect of the latter's new wholesale policy on the community pharmacists' discount scale.

Writing in the current edition of PSNC News financial executive Mike Brining says that in the past, with 80 per cent of supplies purchased from leading wholesalers on published terms, there was a

reasonably stable, orderly market on which to base a discount scale. But the prospect of standard and additional discounts, with monthly regional variations and wholesaler incentives was a recipe for "creating chaos out of order".

Mr Brining says under such circumstances it is essential a more flexible approach to discounts is adopted, with no place for the old-fashioned six month long discount inquiries.

## The endorsed script

deductible from the price of the hardware at the end of the trial. Hardware lease rental terms are available from Medicopharma representatives. Initial inquiries should be made on 04023 81281.

PSL have a team of people trained to handle the software development and provide full assistance, including a help desk. The former community pharmacists who started the system — Maurice Leaman and Ahmed Saley — will continue to update and develop it.

Although the Pharmaceutical Services Negotiating Committee had not had chance to examine the system in detail, its reaction on Tuesday was that anything which saved pharmacists' money and reduced the numbers of prescriptions returned by the PPA "must be a good thing". The PPA also felt it was too early to comment.

## HiB vaccine

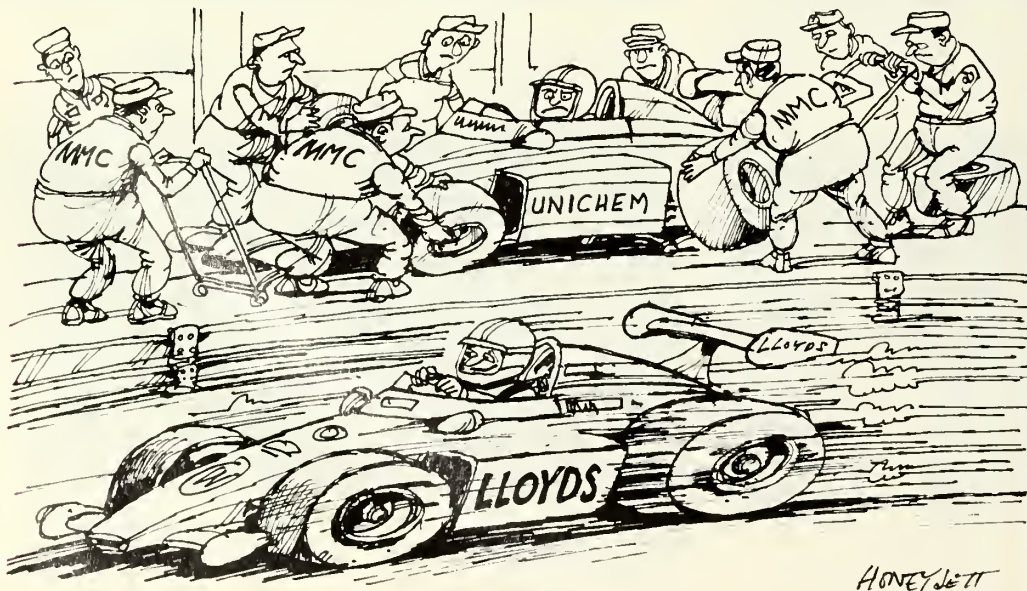
The Department of Health has announced that routine vaccination of babies against type B *Haemophilus Influenzae* will begin from October 1, 1992. The plans, announced in a written reply from Junior Health Minister Stephen Dorrell to Plaid Cymri MP Dafydd Wigley, are still dependent on the satisfactory outcome of pilot studies.

## Arthritis date

Force Against Arthritis, a national campaign to highlight the incidence of arthritis and raise funds to find a cure, is being launched on September 17. Arthritis sufferer actor Dave Prowse (Darth Vader from Star Wars) is spearheading the campaign.

## Fishy donation

The fishing industry-sponsored Fish Foundation is to donate £5,000 to help fund an ongoing Medical Research Council study into the effects of eating fish on heart disease. A team at the MRC Epidemiology Unit in Cardiff is to look at the role of diet in people with heart disease, who have not yet had a heart attack, by getting patients to increase their intake of oily fish or fish oil.



## Few problems on triplicate scripts in Eire

While a triplicate prescription form continues to surface periodically as a way to simplify repeat prescribing, the Irish Pharmaceutical Union reports a few minor problems with its system introduced on March 1.

In the Irish Republic, while single prescriptions remain for the one off medication, doctors can now prescribe an initial supply and two repeats on a three-part carbonised form.

Each part of the form consists of two pages, a pharmacy copy and a claim form. On the first presentation of the script, the pharmacist dispenses against the third part of the form, keeps one copy, sends another off for pricing, and gives the remaining two parts back to the patient. When the script is next presented the same procedure applies using the second part of the form, with the remaining section given back to the patient for presenting as the second repeat.

An IPU spokeswoman said the scheme had run into a few problems with doctors who did not keep proper prescribing records where patients were returning for another triplicate script when the first had not been used up, but as awareness of the problems grew, she thought they would diminish. On the whole the scheme is working well.

Details of the scheme have been supplied to the Pharmaceutical Services Negotiating Committee.

### CF gene screen

Some 40 carriers of the gene mutation that causes cystic fibrosis were discovered when over 1,000 people in Watford took part in the first community screening test. The simple mouthwash test, costing about £2, can detect most carriers of the defective gene. The pilot study continues while North West Thames Regional Health Authority decides if it has the resources to widen its scope.

### Condomania

Britain's first specialist condom shop has opened in London's West End. Condomania's managing director Martin Foreman believes traditional outlets like pharmacies are missing out by selling only well-known British brands. His shop boasts an international selection "in all shapes, thicknesses, colours and even flavours".

### Direct line to BMS

A direct telephone line is now available for medical information inquiries about Bristol-Myers Squibb products, between 9am and 5pm on weekdays. The number is 081-754 3740 (out-of-hours on 081-572 7422).

## Trade in 'smart drugs'

Choline, co-dergocrine, phenytoin and even vasopressin are among the latest drugs of abuse. These so-called "smart drugs" are all the rage among fashionable warehouse partygoers in downtown Washington, according to a report in the *Daily Mail* by the paper's correspondent in the city. Dealers are offering users a better memory, improved cognitive function or a reversal of the brain's ageing process.

The paper says Britain is a major source of the drugs, which are being

imported under a legal loophole, brought in by the US Food and Drug Administration under pressure from AIDS groups. This allows the import, for personal use only, of drugs licensed abroad. "According to smart-drugs users, mail order companies are springing up all over London to service the American demand," the paper says. ● PSNC News this month warns pharmacists to be wary of scripts calling for large quantities of the growth hormone Genotropin after a forgery was found in North London.

## Pledge to fight disability

The International Seminar on the Prevention of Disability, held recently at Leeds Castle in Kent, has drawn up an agenda of action to target disability to the year 2000.

Among specific proposals are:

- Governments to establish a ten-year national programme to prevent and, where possible, reverse avoidable disability.
- Medical research organisations to give increased priority to controlling the causes of disability.
- The introduction of global programmes for the prevention of loss of hearing, physical disability and mental retardation.

- Countries to establish policies for the training of health personnel.
- Educational programmes and the media to be encouraged to focus on the risk factors of disability and to help remove misunderstandings and discriminatory practices.

The conference heard that, in the next decade, at least 30 million people could be saved from disability through preventative action. If basic surgery were available over 40 million disabled people in developing countries could have their sight, movement or hearing restored at a unit cost of between \$15 and \$40.

## On TV last week

Pharmacy was among the NHS services featured on television last week, as the BBC's "Hospital Watch" visited London's Hammersmith Hospital.

Chief pharmacist Ann Jacklin told C&D schedules were constantly shifting as medical teams fought to get featured, but Friday's programme included an item on workload figures, while she herself was interviewed on intravenous feeding a patient undergoing a bone marrow transplant.

## Times on pharmacy

To coincide with the opening day of the 128th British Pharmaceutical Conference in Liverpool, the *Times* newspaper published a special two-page feature on the profession.

Articles covered the role of the Royal Pharmaceutical Society of Great Britain, the modern community pharmacist's job, the work of the pharmaceutical industry, pharmacy courses and career prospects in industry, the community and hospital, and the work of the hospital pharmacist.

## High Street allergy testing

The first allergy care and diagnosis shop in the country opened in Nottingham last week, providing a service where test results are analysed by a clinical allergist and sent within 48 hours to the customer and their GP. "In many ways it is no different from the retail chemist doing blood sugar testing," says Allergy Care's director Mike Rhodes, who initiated the idea.

Pharmacists in the surrounding area remain unperturbed by the opening of Allergy Care, and one pharmacist had recommended a customer with an allergy problem to visit. "We've been affected in so many ways we won't be bothered anymore," he said. Another agreed: "We can't do much about it," likening it to the photo processing laboratories springing up on the high street.

Boots the Chemists, who have a large branch within the Victoria Centre shopping centre, had no comment.

Pharmacy administrator at the NPA John D'Arcy says: "It sounds quite an interesting idea and is something we will look into."

Allergy testing in certainly something that a pharmacist could conceivably do, says Mr Rhodes. The test can be done in three minutes using a fingerstab of whole blood which is added to reagents to produce a colour change. Results are obtained overnight (or within 90 minutes using more blood). Kits

cost £20 wholesale, giving £15 profit.

Allergy Care also sells a variety of cosmetics for sensitive skin along with a range of environmental control products such as special bed linen; literature is also available. Some 30 outlets in major cities are planned countrywide over the next five years.

The "allergy investigation service" costs £35 and includes a case history questionnaire plus allergen testing, with the blood sample taken by a qualified nurse in a consulting room. Results are sent for assessment to the NHS consultant clinical allergist who informs the customer and, with their consent, their GP.

The radio allergo-sorbent test measures the IgE antibody response to a range of animal, plant, mites and moulds allergens, or alternatively to a panel of ten common foods. "We use the same principle methodology as the NHS use," says Mr Rhodes.

He says Allergy Care is not trying to beat the system but to alleviate pressure. "We are trying to fill a gap in the NHS." Currently only 1 per cent of allergy sufferers are tested, with many private allergy clinics offering "weird diets and total mumbo jumbo," he says.

"We try to be as ethical as we can be while being commercially viable," says Mr Rhodes. Although he says people have "poured in" to

Allergy Care and some have demanded the test, "We don't just take people off the street and test them — that would be wasting their money and our reputation."

Around eight people a day have been tested, with some 40 per cent showing allergies, he says. Allergy Care forecast they will test around 300,000 people a year.

Pat Schooling, executive director of Action for Allergy, says a professional "clinic" for allergy sufferers which refers problems back to GPs is good news in principle.

"A stumbling block for patients is that many GPs are unsympathetic to allergy and dismiss it at the surgery level," she says. Such a scheme may make GPs take the subject more seriously.

"An interesting idea that will be important to evaluate," is how Pamela Ewan, an allergist at Addenbrooke's hospital, Cambridge, describes Allergy Care. She agrees that in principle it could be a good idea as it makes allergy testing accessible. But one of the problems with allergy diagnosis is that tests are misleading, she says, and the quality of interpretation is therefore important.

Allergy Care will probably be good for straightforward cases of single allergy, but more involved cases will need careful questioning which will be hard to do well in a questionnaire, she says.



## Dressing down the department

The problem of prescriptions unnecessarily returned by the Pricing Bureau has been highlighted this month by the Pharmaceutical Services Negotiating Committee in its newsletter — dressing scripts are a case in point. PSNC is asking for pharmacists to be allowed to exercise professional discretion to complete scripts where sizes or type of dressings or appliance are not stated. The lack of understanding displayed by the Department of Health over a problem which has been highlighted for years must cause its own Prescription Pricing Authority immense irritation and could so easily be solved by a small change in the regulations. PSNC is pressing for this change, and good luck to it. If PSNC is unsuccessful, perhaps we should all receive a copy of the Departments reason's for refusal, then each prescription returned to a surgery for completion could have attached a copy of that refusal. Where we have failed perhaps the combined might of a swarm of angry GPs might succeed!

In the same edition there is another example of the Department's inverted logic. Dentists would appear to be the most qualified professionals to advise on fluoride preparations but they cannot prescribe them on an FP14. They may, however,

request the patient's doctor to do so on an FP10! We sometimes think the whole world has gone mad with our frustrating dealings with the Department of Health. What must the dentists think?

Finally the disturbing warning over prescription forgeries for Genotropin. This can be a drug of abuse and has a high blackmarket price. Pharmacists stand to lose a lot of money if the fraud works, but with the stupid introduction of computer generated prescriptions we must be ever more vigilant and should be actively questioning all prescriptions where abuse or high value is involved and we are not familiar with the patient. It is the ultimate responsibility of the pharmacist to ensure that the prescription is genuine and a simple phone call should invariably ascertain its authenticity, but the clever use of call box telephone number and an accomplice must put us on our guard. For the majority of queries the printed phone number has no need to arouse suspicion, but in *all* cases where authenticity has to be verified we should obtain the relevant phone number from the independent source of Directory Inquiries.

## Slow, but not stop, for alternatives

The recent marketing report from Mintel (C&D September 7, p372) predicts a slowing down in consumer popularity for alternative remedies such as homoeopathy, and a decrease in dietary supplement growth as legal controls inhibit their sale through non pharmaceutical outlets.

I am still finding the sales of homoeopathic remedies steadily increasing, particularly as I am now encouraging their use, and with the satisfied patients then generating their own sales momentum by encouraging their friends to visit my pharmacy for "good advice", I have detected no diminution in demand. Similarly, as dietary supplements have become more controlled, I have received more inquiries from consumers who now value my advice above that of the local

health food store.

The overall picture from Mintel may be one of decline in the general market, but for pharmacies who actively give a service the future must be fruitful, with homoeopathy worthy of development, and natural remedies once again taking their rightful place on the shelves of every community pharmacy.

## 'POM to P' — a novel move

An interesting development in the change of products from "POM" to "P". Movelat and Anacal have both been reformulated by Panpharma to remove the corticosteroid constituent with the result that the new formulations now have a "P" classification. Assuming the indications remain the same and the efficacy claims are similar, I am drawn to the conclusion that either Panpharma have now belatedly discovered that the inclusion of the corticosteroid was unnecessary, or they have a long term view to expanding their sales in the OTC market.

The present packs sizes and pricing structures, however, mitigate against that ambition, but I fail to see why Anacal should not now be similarly priced to Hirudoid which does already, without any promotional support, sell quite steadily on the OTC market. If the 50g pack of Movelat is then reintroduced at a realistic price, the whole range could be promoted by pharmacist recommendation.

Given an "ethical" range of Pharmacy Only medicines of proven efficacy, I will always enthusiastically encourage their sale against the GSL competition. This approach promotes goodwill for pharmacy, encourages actual co-operation with the manufacturer, and competes with the drug stores where they are at their most vulnerable with service, efficacy and professionalism. Panpharma are now in a unique position to exploit that situation, and I would welcome the opportunity to co-operate with them.

## Token ideas

A pharmacy in North East Sheffield redeemed 34 tins of baby milk on the first day the milk token scheme was introduced in the area, says Sheffield's Local Pharmaceutical Committee secretary Martin Bennett.

Similar pharmacy tokens for wheelchairs and incontinence aids would be other possibilities for the token scheme, he says. As well as bringing customers into the pharmacy, tokens offer consumers more choice.

A token for a basic wheelchair could be used towards part payment of a different model if the customer so desired. "Some people would be prepared to pay a bit more to get what they want," says Mr Bennett.

Currently, a basic wheelchair is supplied through the health authority, and those who want a different model have to buy it themselves.

Responsibility for the Disablement Services Authority reverted to district health authorities in April, and pharmacists should now be thinking about what they can do in their area, he says. Tokens could perhaps be tailored to services required in a particular area — head lice tokens (News last week) may be appropriate only for areas where the school nurse was previously responsible for supply.

The baby milk scheme in Oxfordshire has been running for two years, and has been "100 per cent successful," says Oxfordshire LPC chairman Alan Trinder.

It has received favourable comments from community workers and mothers because of the convenient opening times of pharmacies compared to clinics.

- Tokens offer flexibility as consumers are not tied to particular brands, monopoly services or outlets, says Dave Lucas, research assistant to the health and welfare unit at the Institute of Economic Affairs.

He suggests they would be appropriate for wheelchairs, artificial limbs, and hearing aids, although the Institute has not looked into pharmacies as an outlet. Spectacle vouchers have been available for several years.

## Premises up by 13

The number of premises on the Royal Pharmaceutical Society's Register increased by 13 in August, to 11,885. Almost all of the increase was accounted for by registration of hospital pharmacies.

In England (excluding London) there were 12 additions to the Register and five deletions, a net gain of seven. It was a very quiet month in Scotland, while in Wales there were four additions and two deletions. In London, there were four additions.

# Topical REFLECTIONS

# Join the Gravy Train



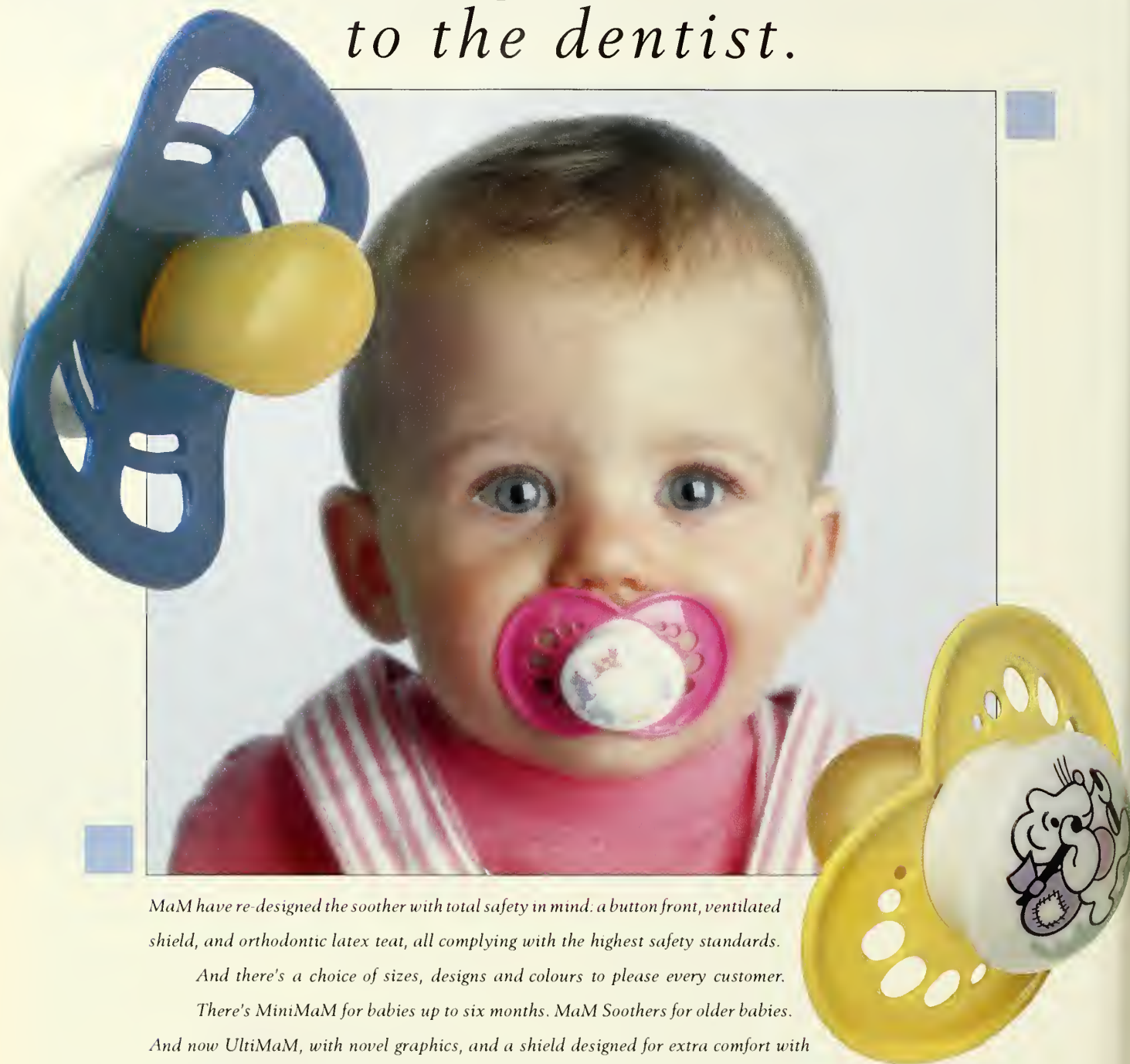
Making profit is child's play when you display and recommend the brand leader.

Infacol grew by 22% last year, and it's on track to do even better this year, with advertising support and a new pack to tell mums that it is pleasant tasting and free from alcohol, sugar and artificial colourants.

Infant colic and griping pain are effectively relieved, with Infacol in the ready to use 100 dose pack. And you will be relieved to know that it doesn't take up much shelf space either!



*The new MaM Soothers.  
Before we designed them, we went  
to the dentist.*



*MaM have re-designed the soother with total safety in mind: a button front, ventilated shield, and orthodontic latex teat, all complying with the highest safety standards.*

*And there's a choice of sizes, designs and colours to please every customer.*

*There's MiniMaM for babies up to six months. MaM Soothers for older babies.*

*And now UltiMaM, with novel graphics, and a shield designed for extra comfort with an outwardly curved edge, and a unique dimpled texture inside to prevent skin irritation. All are packed in high quality transparent storage boxes and skillets.*

*Ask your wholesaler about the complete MaM Soother range. We think you'll take to it very happily.*



# Scriptspecials

## Erymax in 28s

Parke Davies will be replacing the 100 capsule pack of Erymax with a 28 capsule pack (£5.66 trade) towards the end of the month. It will be arranged as seven strips of four capsules, the benefit being that each strip contains the recommended daily dose of Erymax and can be carried around by the patient. The new packs will be phased in as old stocks are exhausted. **Parke Davis Research Laboratories.** Tel: 0703 620500.

## Glauiline returns

Following the withdrawal of Glauiline eye drops earlier this year, Smith & Nephew have set a September 30 deadline for acceptance of Glauiline returns. Returns received after this date will not be reimbursed. For further information contact the ophthalmic product manager, **Smith & Nephew Pharmaceuticals Ltd.** Tel: 04023 49333.

## Paramol and DF118

Napp have taken over the marketing and distribution of Paramol (co-dydramol) and DF118 (dihydrocodeine) tablets, injection and elixir, from Macfarlan Smith Ltd. **Napp Laboratories Ltd.** Tel: 0223 424444.

## Dothiepin from APS

APS have launched dothiepin hydrochloride tablets 75mg (28 £4 trade). The tablets are red, sugar-coated and blister-packed. **Approved Prescription Services.** Tel: 0274 606974.

## Nicholas and Roche

Roche say the prescription medicines acquired from Nicholas Laboratories (**Business News** August 31) will continue to be traded by the Medical Products Division of Nicholas, which is now operating as a Roche subsidiary from their address in Welwyn Garden City. **Roche Products Ltd.** Tel: 0707 328128.

## Synarel for endometriosis

Syntex Pharmaceuticals Ltd are launching Synarel (nafarelin), a nasal spray for endometriosis.

Nafarelin is a potent agonistic analogue of gonadotrophin releasing hormone. Given as a single dose, nafarelin stimulates release of the pituitary gonadotrophins LH and FSH, with an increase in ovarian and testicular steroidogenesis.

Within three to four weeks, daily administration leads to decreased pituitary gonadotrophin secretion and/or the secretion of gonadotrophins with lowered biological activity. This suppresses gonadal steroidogenesis and inhibits functions in tissues that depend on gonadal steroids.

**Manufacturer** Syntex Pharmaceuticals Ltd, Syntex House, St Ives Road, Maidenhead, Berks SL6 1RD

**Description** Buffered, clear aqueous solution of nafarelin acetate (2mg/ml nafarelin base) in bottles with a metered spray pump that delivers 200mcg per spray

**Indications** Hormonal management of endometriosis, including pain relief and reduction of endometriotic lesions

**Dosage** Intranasal only. Recommended daily dose 200mcg twice daily — one spray to one nostril in the morning and one spray to the other nostril in the evening. Start between days two and four of the menstrual cycle. Recommended

duration of therapy is six months, for a single cycle of treatment only **Contra-indications** Pregnancy and breast-feeding. A small loss of trabecular bone mineral content occurs during six months treatment, so retreatment or use for longer than six months is not recommended. Undiagnosed vaginal bleeding

**Warnings** When used regularly, nafarelin inhibits ovulation. Patients should be advised to use non-hormonal methods of contraception. Missed doses may lead to breakthrough ovulation. Ovarian cysts have been reported in the first two months of treatment. May resolve spontaneously or may require discontinuation of the drug and/or surgery. Normal pituitary-gonadal function is usually restored within eight weeks of discontinuation.

Nasal decongestants used 30 minutes before nafarelin decrease absorption. Each bottle should be used for no more than 30 days

**Side-effects** Drug sensitivity, such as shortness of breath, chest pain and rash have occurred in about 0.2 per cent of patients. Most frequently reported reactions related to hypo-oestrogenism, eg hot flushes. Irritation of the nasal mucosa

**Supply restrictions** POM

**Packs** 60 dose units (£101.35 trade)

**Product licence** 0286/0116  
**Issued** September 1991

## An 'advanced' beta-blocker

Rhône-Poulenc Rorer are launching Celecol (celiprolol) the first vasodilating, cardioselective beta-blocker, which has been called a significant advance in the treatment of hypertension.

Celecol is as effective as other beta-blockers, calcium antagonists and ACE inhibitors, but it avoids the adverse reactions seen with other beta-blockers, such as bradycardia and cold extremities.

It is a cardioselective beta-1 blocker yet also causes peripheral vasodilation by selective stimulation of beta-2 receptors. This reduces both diastolic and systolic blood pressure, with minimal changes in heart rate and cardiac output.

Celecol has been shown to have a beneficial effect on a number of risk factors associated with coronary heart disease — glucose handling is unaffected, HDL cholesterol is elevated and triglycerides and plasma fibrinogen levels lowered.

Celecol is already in use in four countries, including the Republic of Ireland. One clinician reports an improvement in the general well-being of patients who have been switched from standard beta-blockers, fewer reports of side-

effects and better compliance.

**Manufacturer** Rhône-Poulenc Rorer Ltd, Dagenham, Essex

**Description** Yellow, heart shaped, biconvex, film-coated tablets with a logo on one side and "200" and a bisect line on the reverse, and each containing 200mg celiprolol hydrochloride

**Indications** Management of mild to moderate hypertension

**Dosage Adults:** 200mg once daily on rising, half an hour before food. If inadequate, increase to 400mg. **Children:** not recommended. Swallow with glass of water

**Contra-indications, warnings, etc** As for other beta-blockers (see Data Sheet). Monitor elderly patients and those with hepatic impairment. Should not be used in pregnancy unless there is no safer alternative. Not recommended in breast-feeding mothers

**Side-effects** Occasional, mild and transient. Include headache, dizziness, fatigue, nausea and somnolence. Discontinue use if skin rashes and/or ocular changes occur **Packs** Calendar packs of 28 tablets (£9.80 trade)

**Supply restrictions** POM  
**Licence number** 0012/0231  
**Issued** September 1991

## Glytrin is angina spray

Sanofi Pharma are launching Glytrin spray, a glycerin trinitrate product for the treatment and prophylaxis of angina pectoris and the treatment of variant angina.

Glytrin is a metered dose aerosol for sublingual use. It delivers 0.4mg of GTN per actuation, and there are 200 doses in each canister. The dosage is one or two actuations as required, although three actuations may be needed to treat severe cases.

Glytrin has a peppermint flavour which improves patient acceptability, and the price of £3.28 (trade) offers a substantial saving over the current leading spray, say Sanofi Pharma.

Patients should be warned not to inhale the spray. It should be held upright, close to the mouth, directed under the tongue and the mouth closed after each dose. Patients should be warned not to use Glytrin near a naked flame. Contra-indications, warnings, and side-effects are as for other GTN products (see Data Sheet).

Glytrin spray is a Pharmacy

medicine, product licence number 0041/0021. **Sanofi Pharma.** Tel: 061-945 4161.





## Zofran schedules

Glaxo have changed the dose schedules for Zofran, after clinical studies showed that the maximum emetic challenge in cisplatin-treated patients occurs during the first 12 hours.

Adults undergoing radiotherapy or moderately emetogenic chemotherapy will now be given a first day dose of 8mg, either intravenously or orally, for acute emesis. This will then be followed by 8mg twice daily orally for up to five days, for delayed emesis.

Patients on highly emetogenic therapies will receive a first day 8mg dose by a single 15 minute IV infusion, rather than by continuous infusion over 24 hours. A 8mg twice daily oral regime for up to five days will control acute emesis in most patients, but a single dose of up to 32mg may be given for very high doses of cisplatin.

It is important to prevent acute and delayed emesis when chemotherapy or radiotherapy is first started to avoid anticipatory nausea and vomiting before subsequent treatments, say Glaxo.

In the year since its introduction, Zofran has benefitted both patients and hospital staff, say Glaxo. More patients have been able to complete courses of

chemotherapy on an outpatient basis, and an increasing number of GPs are therefore prescribing Zofran. The new schedules simplify treatment and also cuts costs, say Glaxo.

They are introducing a five-day blister pack of ten 8mg tablets (£90 trade), which also contains a patient information leaflet. The securitainer of 30 4mg tablets is being phased out and replaced with a blister pack.

• Ondansetron is also under development as a treatment for anxiety and memory disorders. Other 5HT<sub>3</sub> antagonists under development as antiemetics are granisetron and tropisetron.

## 'Halcion safe' say Upjohn

The managing director of Upjohn, Keith Krzywicki, expressed full confidence in the safety and efficacy of Halcion, in a letter to *The Lancet* last week (vol 338, September 7).

He was responding to previously published correspondence from Professor Ian Oswald (August 24) which called on the company to submit the case-reports from a trial known as protocol 321 (C&D

## Sandostatin for acromegaly

The product licence for Sandostatin (octreotide) has been extended to include short term administration in acromegaly prior to surgery or radiotherapy.

Acromegaly occurs in some 2,000 adults in the UK who produce excessive amounts of growth hormone, caused by a benign tumour of the pituitary gland. Sufferers have enlarged heads, hands and feet, caused by abnormal growth of bone and soft tissue.

Sandostatin is a synthetic analogue of somatostatin which inhibits growth hormone production. Unlike the natural hormone, it has a plasma half life of 90-115 minutes. When injected subcutaneously — 100-200mcg three times daily — it provides near continuous suppression of growth hormone over-production, and is thus a rational approach to therapy.

Acromegaly is a rare condition and is frequently diagnosed only by chance. It decreases life expectancy — patients suffer a range of

hormonal and metabolic disturbances which may lead to diabetes, hypertension and sexual dysfunction. It needs to be diagnosed and treated early to prevent irreversible changes; Sandostatin is the most successful medical treatment for this, says Professor John Wass, an endocrinologist from St Bartholomew's Hospital, London.

It produces rapid and marked symptom relief, cardiovascular improvement, reduction/normalisation of growth hormone and other growth factors, tumour shrinkage in some patients within six months, with potentially improved surgical outcome. The side-effects are mainly local and gastro-intestinal.

Sandostatin costs around £5,000 per year, compared with about £1,000 for bromocriptine; but the dopamine agonist is only partially effective and has a high incidence of side-effects, say Sandoz.

### Medical Matters

August 31) for scrutiny by regulatory authorities worldwide.

Mr Krzywicki said that this had been done in the UK and the USA before Professor Oswald's letter appeared in *The Lancet* and Upjohn were voluntarily notifying other countries. The letter continued: "Upjohn does not knowingly withhold required information from regulatory authorities...We have willingly shared this information with regulatory authorities, which have reviewed the data and agreed that Halcion is a safe and effective medication when used as recommended."

Mr Krzywicki then refers to the litigation against Upjohn in America. "Speculation in the British Press has been rife lately about Upjohn's motivation in resolving litigation before trial. Such resolution in no way intimates Halcion is unsafe or is causally related to any alleged event."

Upjohn welcome any opportunity to discuss Halcion with scientific or regulatory bodies.

## Red ear view

Antibiotics continue to be appropriate management policy for acute red ear in children, advise doctors at Alderbrook Health Centre, Southampton.

In a double blind, placebo controlled trial involving 17 group practices, 114 children with acute earache and at least one abnormal eardrum were given amoxycillin 125mg three times daily for seven days, while 118 with the same symptoms received a placebo. Treatment failure was eight times more likely in the placebo group. The latter showed a significantly higher incidence of fever on the day after entry, they needed to take more analgesics and were away from school longer.

The prevalence of middle ear effusion at one or three months was not significantly different, nor was there any difference in recurrence rate or in ear, nose and throat referrals in the follow up year.

The trial was reported in last week's *British Medical Journal*.

## Demand can be unpredictable

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*Healthcare*

# Counterpoints



## SB relaunch more viscous Veno's range

A reformulated Veno's range and their largest ever marketing campaign are spearheading Smithkline Beecham's Personal Care's attack on the Winter remedies market.

Veno's, which SB say is currently the number two brand in the £56 million cough remedy market, has been reformulated to give it an improved demulcent action.

The new formulation contains nature-identical xanthan gum which increases the product's viscosity. The company says this will improve Veno's action to calm and soothe sore throats and coat irritated membranes which cause and prolong a cough. There will be no change to active ingredients, flavours or price.

The packaging has been redesigned to help communicate the benefits of the new formula and to differentiate between specific variants. To support the relaunch, SB plan to spend over £1.6 million which includes a new national television campaign on air in November.

The total spend to support the Winter remedies range is £6.8m, say SB, and will include national television exposure for

Coughcaps, Beecham Powders and Hot Remedies, Day and Night Nurse, all running from November until February.

Coughcaps, launched nationally last Winter, exceeded SB's expectations with sales topping £1.5m. The brand achieved a 3.7 per cent market share in multiple pharmacies and 2.5 per cent in independents, says the company. The successful "clock" commercial will be screened

again this year and a range of display material will be available.

The "Symptoms" advertising campaign for the Beecham's remedies range proved so popular last year that it will be repeated this Winter. Some £800,000 will be spent advertising Day Nurse and Night Nurse and the Contact range will be supported in the national Press. **Smithkline Beecham Personal Care UK. Tel: 081-560 5151.**

## Unichem offers

Unichem have launched the Satin Collection of toiletry accessories. It includes a drum holdall, cosmetic purse, pomanders, scented hangers, scented cushions and cosmetic holdalls.

A pack of six cosmetic purses has a trade price of £9.36, giving 44 per cent POR. Retail price is £3.25 each. Scented hangers come in packs of six at £15.12, retailing for £5.25.

Unichem are also offering special deals on Gold Seal batteries, giving a POR of up to 41 per cent. A pack of LR20 B2 can be purchased for £7.97 and a

## Philips catalogue

Philips Domestic Appliances and Personal Care have produced a new trade catalogue, featuring 180 products. For a copy call **Philips DAP. Tel: 081-689 2166.**

pack of five LR03 B4 for £7.49. The offer runs until November.

Also on offer are Unichem own-label products, giving discounts of up to 30 per cent. Products on offer include cotton wool pleats and pre-brush rinse. **Unichem. Tel: 081-391 2323.**

## Benylin goes non-drowsy

The range of Benylin cough mixtures from Warner Lambert Health Care has been extended with the introduction of a non-drowsy formulation for chesty coughs (125ml, £2.34).

The active ingredients of the new variant are guafenesin, which acts as an expectorant, and menthol to soothe inflamed throats and aid breathing, says the company.

The new Benylin will have a GSL licence but will be available for sale only through pharmacies. Warner Lambert see the new formulation as

extending consumer choice by ensuring the brand offers a complete range.

To support the new variant and the whole Benylin range this Winter, Warner Lambert are launching a new national television advertising campaign worth over £2 million.

In addition, there will be merchandising and other below the line activities including new point of sale material. Also planned is a repeat of the successful "Winter Window" promotion. **Warner Lambert Health Care. Tel: 0703 620500.**



## Radian-B gets increased coverage

The Radian-B mineral bath commercial, test screened in Yorkshire, will be shown regionally, starting with Granada television on September 16.

The test campaign for the commercial in the Yorkshire area during February and March resulted in trebled Radian-B sales in the area, say **Fisons Consumer Health. Tel: 0509 611001.**

## Langdale's gets relaunch

Langdale's Essence of Cinammon has been relaunched in time for the coughs and colds season.

Available in 50ml (£2.10), 150ml (£4.07) and 250ml (£5.58) bottles and 20 tablet packs (£1.50), the outer features an "old fashioned remedy" style pack with a black and white design.

The relaunch is being supported by an advertising campaign. **Alexmain. Tel: 0924 465714.**

# TWO TASTY LITTLE EARNERS FROM STOPPERS

More and more people are going to be asking you for Stoppers.

That's because we've introduced two new flavours to make giving up smoking even more pleasant on the taste buds.

Stoppers are now available in Original, Chocolate Orange and Peppermint. Whatever the flavour, each tiny lozenge contains just enough nicotine to ease the craving for a cigarette, but none of the harmful resins or tar.

And we're supporting the launch of the new flavours with a brand new advertising campaign in the national press.

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Fax: (0420) 89376

STOPPERS. GIVING UP WITH TASTE.

# Andrews for three kinds of indigestion



Sterling Health are adding to their OTC medicines range with the launch of Andrews Antacid.

It is the only product on the market positioned to relieve three kinds of indigestion — heartburn, acid indigestion and trapped wind — say Sterling Health.

The company says that although trapped wind is not a common indication on indigestion tablet packs, almost 70 per cent of indigestion remedy users tested said they suffered from it.

The tablets contain calcium carbonate 600mg and magnesium carbonate 125mg. One or two can be sucked or chewed as required, up to a maximum of 12 in 24 hours.

Sterling Health have used their expertise in effervescent technology to create a tablet that "fizzes" on the tongue.

In consumer tests, 76 per cent of indigestion sufferers said they liked the taste and 80 per cent said they would buy it.

The tablets are packed in

rolls inside cartons (30 £1.15, 60 £2.20), packaging which proved a hit and was marked high on portability in consumer tests, say Sterling Health.

Andrews Antacid will be supported by a heavyweight promotional campaign, including £2.5 million television advertising, sampling and a display package. Sterling Health will

be highlighting the multiple benefits of the tablets and inviting consumers to "Suck 'em and see".

The company expects the launch to fuel activity in the £28m indigestion tablets market, creating major sales opportunities in pharmacies. This sector accounts for over half the sales in the market. **Sterling Health.** Tel: 0483 65599.

## Gerber Simpson drinks

Gerber Foods are launching Bart Simpson drinks in two flavours coinciding with the promotion of three new videos and a new television series.

The drinks come in 250ml long life cartons and the flavours are orange and bubblegum and will retail for between £0.69 and £0.75 for three, or £0.25 each. **Gerber Foods.** Tel: 081-446 1424.

## Wildlife Stick success

BCB International's insect repellent Wildlife Stick has been awarded "Best Buy" by the Consumers' Association in *Which?* magazine.

Fifty repellants were tested and Wildlife was judged the best value and most effective protection against midges and mosquitoes. The stick retails at £1.30 for 20g. **BCB International.** Tel: 0222 464463.

## Celsius — tested by manimals on screen

Men have a light-hearted, fun approach to grooming — that's the message Celsius International are putting across in their new television campaign.

A survey conducted by the company revealed men are fed up with the traditional macho stereotype and now identify more with "Mr Average", who has a more relaxed approach to grooming.

The advertisement is aimed at 18-26 year old men

and women of all ages. It features men using Celsius products and carries the slogan: "Celsius tested on manimals".

The £2 million campaign runs from now until Christmas and features the full Celsius range. A cinema campaign will follow. Advertisements will also appear in women's magazines and Sunday supplements. **Celsius International.** Tel: 071-377 5000.



## Through a glass darkly

Addis are launching a range of sunglasses aimed at the retail pharmacy sector. The Optico range is British Standard quality and offers 100 per cent protection from ultra-violet radiation.

There are around 90

styles and finishes in the range, both high fashion and classic. Retail prices range from £5.99 to £9.99.

Addis are offering a number of deals, including a sale or return option. **Addis.** Tel: 0992 584221.



Elida Gibbs have repackaged their Vaseline Derma Care and Intensive Care ranges. The bold new packaging will be highlighted in a £200,000 Press campaign in women's magazines, which will run from the end of October. **Elida Gibbs.** Tel: 071-486 1200



# Silence is golden.

Stock up on Bonjela and keep your young customers quiet and your till noisy.

As the brand leader since 1971, Bonjela is trusted by more mothers and is recommended by



more doctors for effective pain relief than any other teething gel.

And because Bonjela sells twice as fast as any other teething gel it makes sense for you to recommend what the doctor ordered.

\*Source: BPI  
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**The biggest selling teething gel.**

**RECKITT COLMAN**  
PRODUCTS

# TO MAKE LYNX GO EVEN FASTER WE'VE PUT IT ON ROLLERS.



Until now, Lynx has only been available in body spray, shower-gel and aftershave. Now it's also available as a roll-on. It's the first ever premium price roll-on for men to feature in a heavy television campaign. So you can expect profits rolling in.

# Aquafresh family value



The range of Aquafresh toothpaste has been extended with the introduction of a new 175ml tube in both the Fresh 'N' Minty and Mild 'N' Minty variants.

The new size reflects the consumer preference for a tube that is big enough for all the family and still offers value for money, say Smithkline Beecham Personal Care.

The laminate tube with a stand-up top is also the

preferred container because of its ease of use, the company says. The brand is being supported by a national television campaign in the Autumn which coincides with the introduction of the new size. Recent consumer research indicates that both Aquafresh variant flavours are Number 1 and Number 2 in the toothpaste market, say Smithkline Beecham Personal Care UK. Tel: 081-560 5151.

## Outdoor Girl add herbal extracts

Outdoor Girl are reformulating their Colour Rich lipsticks and nail polishes to include herbal extracts.

The lipstick (£1.99) now includes rose hip oil to moisturise lips and is said to be long lasting.

The nail polish (£1.79) is jojoba enriched to protect nails, is chip-resistant and fragrance-free.

Three new shades of matching lipstick and nail polish are available — Rum 'n' Creme, Orange Sizzle and Raspberry Daquiri.

Also new is a nail protector (£1.79), a shatterproof shield for weak nails, containing lemon grass oil. It can be used alone or as a base coat. Max Factor. Tel: 0202 524141.

## Ultra Moist foundation gets a new formula

Max Factor have reformulated their Ultra Moist foundation, making it lighter in texture and adding active ingredients.

It contains collagen to hydrate skin and low lustre pearl ingredients to deflect light. A sunscreen and vitamin E have also been added.

It comes in five shades in a 30ml jar. It will retail at £3.99, though for an introductory period running from mid-October until mid-December it will be offered at £3.49. Max Factor. Tel: 0202 524141.

## Nickel-proof shades from Polaroid

Polaroid are now offering sunglasses which offer a new protection to people allergic to nickel.

Nickel-silver is widely used for spectacle frames of medium to high quality, say Polaroid. Because of the allergy risk, frames must be effectively coated to prevent skin contact. Polaroid have developed a protective lacquer to combat the potential problem.

All the metal components of Polaroid sunglasses are now covered with this varnish.

Polaroid maintain that while most sunglasses above a certain price level have

frames which are coated properly, with cheaper sunglasses the frames are uncoated and can produce the allergic reaction. Visions. Tel: 081-205 6550.

## More fragrances

Fine Fragrances & Cosmetics are now distributing more fragrances.

Additional brands are Balenciaga (Le Dix, Quadrille, Michelle, Cialenga, Prelude,

Balenciaga Pour Homme); Parfums Ted Lapidus (Creation Ted Lapidus, Lapidus Pour Homme) and Jacques Bogart (Bogart, Furyo, One Man Show).

The fragrance sales force will be increased, as well as Fine Fragrances store consultants. Fine Fragrances & Cosmetics Ltd. Tel: 081-979 8156.

## HOW TO COUNSEL SMOKERS WHO WANT TO GIVE UP

For the past eight years Lundbeck has been very active in training GPs and Practice Nurses in counselling patients on how to give up smoking.

Now that nicotine gum is available without a prescription, the role of the Pharmacist in counselling smokers is a very important prerequisite for success in giving up. For this reason it is now appropriate to offer training to Pharmacists.

Two evening workshops specifically for Pharmacists are planned for this Autumn. Each workshop will be moderated by an internationally recognised expert:

- ★ Dr Allan Norris, a Psychologist from Birmingham
- ★ Dr Chris Steele, Manchester GP and TV Doctor.

Topics covered include:

- the physical and psychological problems of giving up smoking;
- the role of the Pharmacist in smoking cessation;
- how to recognise patients who want to give up;
- how to counsel smokers who want to give up;
- how to advise on the correct use of smoking cessation aids;
- when to refer a patient to their GP.

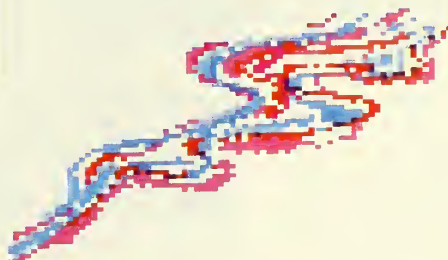
The Smoking Cessation Training Project is endorsed by the National Pharmaceutical Association, the Royal College of General Practitioners and the Royal College of Nursing. There is no charge for the workshops.

For further details contact your local Lundbeck OTC representative, or contact Kathy Whelan at the address and telephone number given below.

*Lundbeck*

Lundbeck Ltd, Hastings Street, Luton, Bedfordshire LU1 5BE. Tel: 0582 416565

## SMOKING CESSATION TRAINING PROJECT FOR PHARMACISTS



ROYAL COLLEGE OF  
GENERAL PRACTITIONERS



NATIONAL  
PHARMACEUTICAL  
ASSOCIATION



ROYAL COLLEGE  
OF NURSING

# 28 day solution for teenage problem skin

Fine Fragrances & Cosmetics are launching a treatment range for problem teenage skin and adult acne, containing a new ingredient. The range will be launched at Chemex.

Called Solution 28 (because skin should be normalised within 28 days, say the company), it comprises two products designed to work together — an intensive facial spray (a first for the market) and a deep cleansing facial wash.

The intensive facial spray contains Isolutrol, tested in France in 1988, which claims to treat the source of spotty skin, rather than the symptom, explains managing director Keith Rockhill. There are no contra-indications for the product and it contains no benzyl peroxide.

"Isolutrol normalises over-active sebaceous glands, thus preventing spots from occurring", says Mr Rockhill. The idea of a facial spray is that it reduces the risk of infection.

It should be used twice daily for the first 28 days, or until skin improves. Usage can then be reduced to once daily, or several times per week as necessary.

The facial wash, to be used in conjunction with the



spray, is said to be deep cleansing and non-drying.

The facial spray retails at £4.95 for 60ml and the facial wash at £2.95 for 150ml. The products will initially be available through pharmacies only.

The teenage skincare market is currently worth £44 million. Mr Rockhill says the company's aim is not to steal market share from existing products, but

to expand it.

Solution 28 will be advertised in the Press, including *Smash Hits* and *Sky* from the end of the year until next Spring, and is designed to reach the male and female teenage market.

A merchandiser and showcards are available and a consumer leaflet will be published shortly. **Distributors Norgine Ltd. Tel: 0865 750717.**

## Pump up the action with new Macleans Milk Teeth dispenser

Responding to increasing consumer preference for the convenience of toothpaste pumps, Macleans Milk Teeth has now introduced a 100ml size pump.

The pump features the same technology found in all Smithkline Beecham Personal Care toothpaste pumps. It has a patented self-sealing design which ensures no waste or mess yet is fun to use, says the company.

The Macleans Milk teeth pump will be supported by a £200,000 Press campaign appearing in mother and baby publications from the end of September as well as through the on-going national hounty sampling.

Latest research shows that the pump section of the toothpaste market is growing at 33 per cent, faster than the overall market (17 per cent), say **Smithkline Beecham Personal Care UK. Tel: 081-560 5151.**



## Snowy white teeth

Wisdom are introducing a new range of children's toothbrushes with Christmas in mind — the Snowman range.

It offers three choices of handle colour — pastel pink,

blue or white — and features a snowman character.

Packed in dozens, each comes in a carton and retails at £1.28. A display merchandiser is available. **Addis. Tel: 0992 584221.**

## Bingo

BDC's Autumn trade promotion features a game — BDC Bumper Bingo — which will run from September 2 to November 29.

Retailers will receive a launch brochure explaining the rules. Throughout the period, BDC will issue a Bumper Offers sheet listing all the products on offer, stamped with BDC Bingo numbers. Buying the product entitles retailers to cross off the numbers on the BDC Bingo cards. At the end of each month BDC will publish the winning line for that month.

Prizes include weekend breaks and vouchers and in November the first prize is a Vauxhall Nova. **BDC. Tel: 081-881 2001.**

## Correction

Unipath would like to point out that their new Press campaign will run in a range of national newspapers, not just *The Guardian* as stated in last week's issue. **Unipath. Tel: 0234 347161.**

## Scissorhands

Neutrogena are launching a poster campaign for their Norwegian Formula hand cream, featuring Edward Scissorhands, from the recent film of the same name.

**Distributors Roche. Tel: 0707 328128.**

## Fiesta time

Scott have introduced a Christmas variant for their Fiesta kitchen towel (£7.37 for eight by two rolls, trade). **Scott Ltd. Tel: 0342 327191.**

## Tudor frames

Tudor have added new frames and albums to their photographic accessories range. The company, which supplies the Innova Editions album range, have added 5 by 7in pocket albums and 100- and 80-print 6 by 4in flip albums. The company says it is also regularly introducing new styles to its Leigh Emayl frames range. Fototronic's new range of photographic bags, special Edition, (C&D April 13, p621) will be available from around the middle of September. **Tudor Photographic. Tel: 081-450 8066.**

## Duracell cut 50p

Duracell are offering 50p off three of their multipacks this Christmas. Vouchers available on MN1300 and MN1400 four-packs and MN1500 eight-packs are redeemable by consumers in store when they buy their next packs. The 50p-off multipacks are available immediately. **Duracell UK. Tel: 0293 517527.**

## On TV Next Week

<b>GTV</b> Grampian	<b>C4</b> Channel 4	<b>TV-am</b> Breakfast
<b>B</b> Border	<b>U</b> Ulster	<b>Television</b>
<b>BSB</b> British Sky	<b>G</b> Granada	<b>STV</b> Scotland (central)
<b>Broadcasting</b>	<b>A</b> Anglia	<b>Y</b> Yorkshire
<b>C</b> Central	<b>TSW</b> South West	<b>HTV</b> Wales & West
<b>CTV</b> Channel Islands	<b>TTV</b> Thames Television	<b>TVS</b> South
<b>LWT</b> London Weekend		<b>TT</b> Tyne Tees

<b>Askit:</b>	<b>STV</b>
<b>Celsius:</b>	<b>LWT, C, G, TVS, TT, TSW, U, A, B, GTV, Y, STV, HTV</b>
<b>Clorets:</b>	<b>All areas except G</b>
<b>Colgate, Actibrush:</b>	<b>All areas</b>
<b>Colgate, Great Regular Flavour:</b>	<b>All areas</b>
<b>Colgate Tartar Control:</b>	<b>All areas</b>
<b>Impulse:</b>	<b>All areas</b>
<b>Just for Men:</b>	<b>GTV, U, BT, HTV, C4, TV-am</b>
<b>Lanacane cream:</b>	<b>U, Y, C, LWT, TT &amp; C4</b>
<b>Libra Bodyform:</b>	<b>All areas except CTV, LWT, TTV &amp; C4</b>
<b>Olvarit:</b>	<b>All areas</b>
<b>Savlon:</b>	<b>All areas except A, TVS, TTV</b>
<b>Santé:</b>	<b>C, A, HTV, TVS, LWT</b>
<b>Seven Seas EPO:</b>	<b>TV-am</b>
<b>Silkience:</b>	<b>All areas except TV-am</b>
<b>Slim-Fast:</b>	<b>TV-am</b>
<b>Sure Power Stick:</b>	<b>All areas</b>
<b>Timotei shampoo:</b>	<b>All areas except CTV, Y, TVS, TT, STV &amp; C4</b>
<b>Ultra Togs:</b>	<b>All areas</b>



**One pound in three spent on serious throat lozenges  
is spent on Strepsils.**

Strepsils are the biggest selling serious throat lozenge in pharmacies because they offer a remedy for all kinds of sore throat. All four variants contain two antibacterials which help fight infection. Strepsils Honey and Lemon have extra soothing properties. Strepsils Menthol and Eucalyptus help relieve congestion as well as throat symptoms. Strepsils Vitamin C contains 100mg of this essential vitamin. We'll be spending £2.5 million on advertising over the winter. So if you want a healthy profit, stock Strepsils.



# Daniel Galvin haircare goes national



The Daniel Galvin haircare range is being launched to pharmacies and department stores, following a year's Boots exclusivity.

The range, devised for coloured or chemically treated hair, consists of: Wild Lime shampoo, protein conditioner, protein

remoisturising treatment, avocado wax intensive treatment, professional hairspray, thickening mousse and fixe naturelle.

In addition a new product is being introduced to the range — hair repair serum. The product claims to eliminate frizziness, repel

moisture, protect from over-drying and give a smooth sheen to hair. It retails at £5.94 for a 25-30 application pack.

A Press campaign will run from October to December. **Perfumery Agencies Ltd.** Tel: 081-646 0344.



## Vitapointe gets intensive addition

Nicholas Laboratories are relaunching their Vitapointe range and adding a new product.

The range has been repackaged featuring new graphics.

The company has added an intensive conditioner, a light gel, designed for all over application on dry or damaged hair.

The intensive conditioner does not require heating and is said to work in about two minutes. It comes in packs of three 15ml tubes (£1.79).

The range will be

supported by a Press campaign in women's magazines and new merchandising and display material is available. **Sara Lee Household & Personal Care.** Tel: 0753 523971.

## New look Kitten Soft

British Tissues are relaunching their Kitten Soft range of toilet tissue in redesigned packaging.

# Regina skincare gets new look and lower pricing

Fine Fragrances & Cosmetics are relaunching their Regina Royal Jelly skincare range, with new formulations, packaging and pricing.

The new range, which will get its first showing at Chemex, now comprises: gentle cleansing bar (125g £5.95); revitalising cleanser (120ml £5.95); revitalising skin tonic (120ml £5.95); day complex moisturiser (120ml £9.95); night complex (120ml £9.95); eye gel concentrate (30ml £9.95), a light moisturiser for the eye area, and revitalising masque (75g £5.95), a creamy clay formulation.

All products contain

fresh royal jelly, are allergy-screened, alcohol-free and produced without animal testing, says the company.

The new range will be supported by a Press campaign in women's magazines and a television campaign is planned for early next year. **Fine Fragrances & Cosmetics.** Tel: 081-979 8156.

## Shades of Summer

Addis are launching a new range of sunglasses aimed at the retail pharmacy sector. The Optico range is British Standard quality and offers 100 per cent protection from ultra-violet radiation.

There are around 90 styles and finishes in the range and both high fashion and classic styles are represented. Retail prices range from £5.99 to £9.99.

Addis are offering a number of deals, including a sale or return option. **Addis.** Tel: 0992 584221.

## Clairol target chemists

Bristol-Myers' Clairol Appliances division are targeting independent pharmacists this Christmas, encouraging them to stock their best selling lines by giving sales incentives.

Clairol have selected four products, which they believe particularly suited to the independent sector, all of which are being supported by television or Press advertising. The products selected are Lock 'n Roll, Foot Spa, Big Shot and Cellulthérapie.

Incentives vary, but one example, says group

marketing manager Simon Bluring, is a "13 as 12 deal", in which retailers can select a mix of any combination of 12 Clairol appliances and receive a free hairdryer.

The special offers are available only from Clairol representatives. To arrange a call, contact Linda Walsh, **customer services department.** Tel: 0895 639911.

## Amplex hits the airwaves

The relaunched Amplex range is to be supported by a national radio campaign, running until the end of November.

The campaign takes a humorous approach to the issue of personal hygiene and features the "Don't get a complex" slogan. **Sara Lee Household & Personal Care.** Tel: 0753 523971.

The company has added a six roll pack, which features a built in carrying handle (£1.99). It is available in three new pastel shades — lily white, rose pink and peach blossom. The two and four roll packs also now come in mint green.

The relaunch of the brand will be supported by a television campaign in Central, Granada, ITV and Yorkshire regions and will be combined with a free £5 grocery voucher on-pack promotion. Consumers collect tokens from promotional packs, send them off and claim their free voucher. The offer runs until March 1992. **British Tissues.** Tel: 081-864 5411.



The Pure & Simple skincare range has been relaunched with new packaging. New to the range, which comprises three moisturisers, a cleanser, a toner and a facial wash, is a replenishing cream for dry skin. The deep cleansing lotion has been reformulated with a non-greasy formula. All products are now cellophane wrapped. The range will be supported with a £1.6 million national television campaign during October and November. A sampling campaign is also planned. **Smithkline Beecham Personal Care.** Tel: 081-560 5151.

# Extra Greens are good for you

Effico, the distinctive green coloured tonic is now available in a new, large 500ml bottle – so there's extra greens for your customers and extra profit for you!

Effico is the only tonic available containing an appetite promoter as well as 'B' vitamins, providing a pick-me-up after illness. This could be one good reason why pharmacy sales have increased by 14% over the past twelve months.<sup>1</sup>

Now in a new 500ml bottle, your customers have even more choice and value for money.

With a bright, colourful pack and an extensive advertising campaign in the National Daily Press, there's no doubt that Extra Greens will be a tonic for your business!



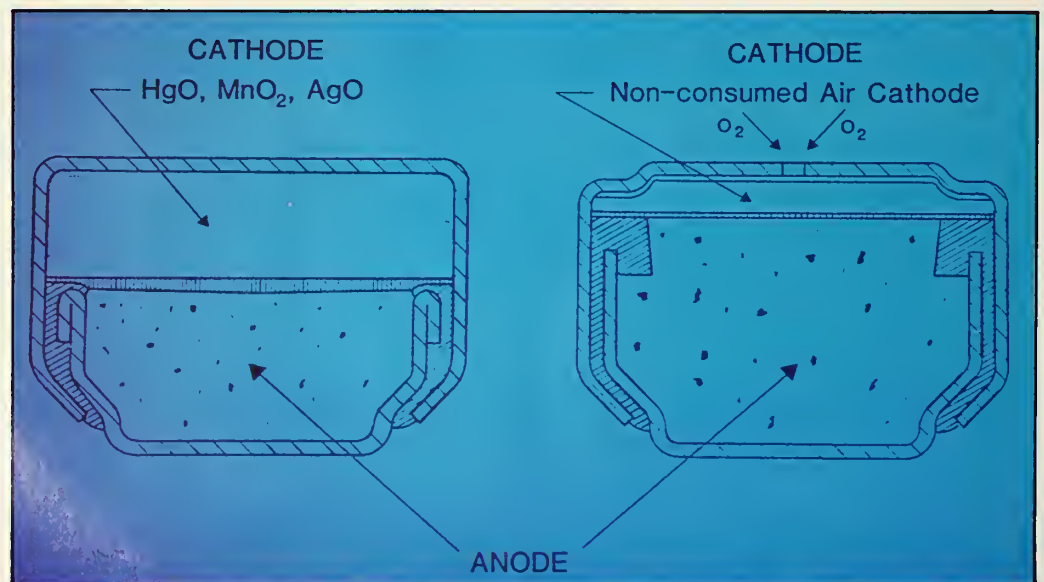
# Heard the latest from Duracell?



The world's first hearing aids were cumbersome contraptions from ear trumpets to even more ingenious ideas. The armchair, illustrated (top right), was built in the 1820s and had hollow arms with holes at the front to capture the voices of people in the room. The sound was carried by two pipes leading out of the back of the chair which ran into an attachment which in turn was held to the user's ear.

Luckily — unlike the users of this unwieldy hearing aid — the inventors of the day didn't sit back for long marvelling at this display of technology. Instead they pressed on with their experiments to produce more portable and eminently more subtle forms of hearing aids which we take for granted today.

Working in close association with these scientists were the battery manufacturers, whose own technology moved at a great pace to produce small



DURACELL is a registered trade mark of Duracell Batteries Limited

powerful batteries to meet the requirements of these hearing aids.

Up until the mid-1970s all hearing aid batteries were made from mercuric oxide. Then zinc-air technology was developed which uses oxygen in the air in reaction with zinc in the cell. With the oxygen coming from outside the cell, more room is available for the zinc inside, resulting in a battery with twice the life of a similar size mercuric oxide cell. The zinc-air reaction is started simply by removing the protective tab from the battery.

## Duracell launch range

The early zinc-air technology could only be used for a few applications and was not sophisticated enough for high powered hearing aids. Duracell has now perfected the technology and its new range of zinc-air batteries available from September 1991 meets the requirements of all modern hearing aids.

The timing of the introduction of this new range is particularly relevant bearing in mind the advent of the EC directive on batteries. This requires all used cells containing more than 25mg of mercury to be collected for recycling or special disposal, and comes into force on September 18, 1992. Duracell's zinc-air batteries — in common with its alkaline cells — are not affected by this legislation and won't need to be recycled. By encouraging people to buy zinc-air, instead of mercuric oxide batteries, retailers can avoid the risk of becoming involved in complicated and time consuming collection schemes.

Duracell's new zinc-air batteries have many consumer benefits including:

- ☐ twice the life of similar size mercuric oxide cells
- ☐ ability to power all modern



An early hearing aid, circa 1820, this armchair had hollow arms with holes at the front to 'capture' voices. The sound was carried by pipes to an attachment which could be held to the users ear

hearing aids

- ☐ colour coded tabs for easy size identification
- ☐ Duracell heritage and impeccable reputation for trustworthy products
- ☐ long storage life — up to four years

The most widely used hearing aid battery is the DA13 which accounts for half of all sales. The

DA675 and DA312 with respective shares of 25 per cent and 20 per cent are also big sellers with the latest and smallest addition DA230 accounting for 5 per cent. The Duracell zinc-air range comprises these four battery sizes.

## Independents' 44% share

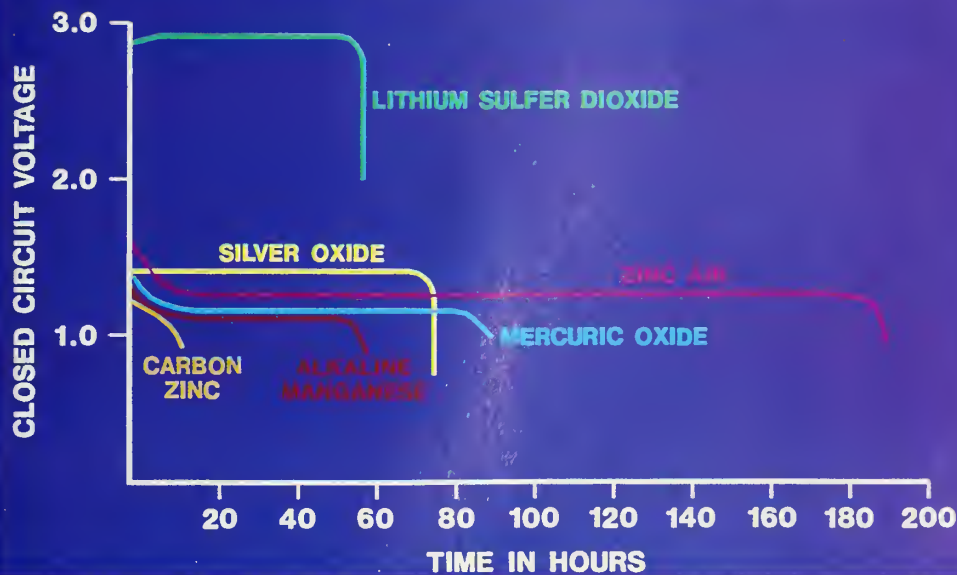
Although a large proportion of hearing aid batteries are provided free of charge by the NHS, a considerable private market exists with a projected figure of 4.6 million cells being sold in 1992. Of this, around 44 per cent are bought from independents who are perceived as authorities on OTC purchasing of these specialist items. The hearing aid battery market is a steady one with no seasonality. On average people will buy batteries every couple of months and are susceptible to impulse purchasing. Retailers are advised to keep ample stocks available and display batteries prominently to maximise sales.

## £3 Cash Back

To encourage sales of its new zinc-air batteries, Duracell is offering retailers a £3 cash-back voucher, packed inside every ten-dial outer carton redeemable against their next purchase of zinc-air cells. The voucher, which represents a 10 per cent discount, is available in packs from AAH Pharmaceuticals, Numark, Medielite, CBS Monopure, Barclays Enterprise and other regional wholesalers.

To prompt product trial, Duracell is offering £1 cash-back vouchers for consumers buying the new zinc-air packs. The vouchers are available from Tambrands representatives.

## Battery Discharge Curves





The British pharmaceutical industry is at the forefront of the development of novel and beneficial medicines and will continue to be so provided it remains eager to adopt and pioneer advances in science, Dr Eric Tomlinson told the opening session of the BPC on Tuesday.

The industry would be successful if it embraced the entrepreneurial spirit that typifies many of the so-called biotechnology companies that blossom in the United States, he continued.

Science chairman Dr Tomlinson described how a new paradigm in human healthcare is emerging, with disease being understood and treated at an increasingly higher level of genetic order and function.

"The discovery of the genetic code almost four decades ago began the movement towards the development of the new science superdiscipline called molecular cell biology," he said. Only five years ago, the status of gene therapy was described as "so near yet so far away". Since then, the application of molecular and cell biology techniques, combined with an understanding of diseases amenable to gene therapy, had led to a realisation of this approach.

Dr Tomlinson's view of the future is an optimistic one. He believes that although some studies will fail others will come forward and eventually succeed. However, to translate these advances into safe and effective medicines requires the application of many additional, complementary disciplines, skills and technologies.

"The narrow view can be taken that pharmacists have their premier role in the design



Dr Eric Tomlinson

and production of dosage forms," he said. However, he hoped that his presentation to Conference would highlight the need for pharmacists intending to progress into industry and academia to be trained in the fundamentals of molecular and cell biology and its application to understanding key biological processes.

If this broad view of the pharmacist's future role was taken up, the Royal Pharmaceutical Society and the schools of pharmacy would need to initiate substantive changes in education, training and research opportunities.

However, there is a further fundamental issue that required resolution, he said. "Concern is growing that the many and varied types of pharmaceutical scientist who are involved in the industrial and academic development and study of (bio)pharmaceutical medicines, are, as a group, unrepresented," said Dr Tomlinson. "No longer does a

pharmaceutical scientist equate only to a pharmacist.

"It appears to be a *sine qua non* that the RPSGB strives vigorously to ensure that it plays a key role in the representation of pharmaceutical scientists. Indeed, would it not be sensible and immensely constructive for the Society to expand its Charter and become a scientific and, in part, professional focal point for all pharmaceutical scientists involved in contributing to the discovery and development of modern medicines?"

The molecular biology age, said Dr Tomlinson, heralds the beginning of the fifth Kondratiev wave, named after the Russian who proposed that innovation occurs in 50 year cycles — a few years of innovation followed by a period of commercialisation. With the electronic age (the fourth wave) still strong, it was likely that there would be a merging of molecular and cell biology techniques with electronics.

Genetic analysis and the sequencing of the human genome had contributed greatly to the understanding of the pathogenesis of disease, he continued. Recombinant DNA technology and molecular tools have enabled more than 100 genetic diseases to be studied. "Newer and improved methods to define genes and their function are constantly emerging, due to the concerted international effort focussed on the sequencing of the entire human genome," he said. This has the potential to make an awesome impact on medical and pharmaceutical sciences by providing a road map of normal physiological events and their aberrations.

This increased knowledge of the molecular origins of disease, combined with the availability of novel cell and animal test systems, has provided pharmaceutical scientists with the potential to address disease targets hitherto impossible to study satisfactorily, explained Dr Tomlinson. Drug discovery is

moving from an empirical approach based on molecular roulette to design targeted on known or deduced protein structures.

### Some diseases analysed at genetic level

Haemoglobin diseases
Muscle disease
Lysosomal storage
Coeliac disease
Chromosomal transformations in Burkitt's lymphoma
Cystic fibrosis
Malaria
AIDS
T-cell leukaemia
HLA-disease associations

In particular, Dr Tomlinson mentioned antisense or anticodon drugs — a new class of pharmacological agents designed to bind to the messenger RNA molecules that code for aberrant proteins and inhibit the production of that protein. "It is a case of never mind the message — kill the messenger," he said. There is also interest in the use of mutant viruses to treat tumours.

The regulatory approval of therapeutic proteins required information on their identity, purity, effect and utility. "It is apparent from this how important it has become to achieve a merging of various disciplines to assure the clinical effectiveness and safety of many of these new medicines," Dr Tomlinson explained.

In the area of drug delivery systems, recent advances included controlled-release polymeric dosage forms, novel routes of delivery, macromolecular drug carriers and the development of drugs with a specific action-site affinity to bio-activation. This presented an intriguing challenge, he said.

Dr Tomlinson also discussed the more controversial area of living cell therapies such as autolymphocyte therapy, lymphokine-activated killer cells, marrow cells propagated for transplantation and foetal cell transplants. The availability of agents that transmit genetic information into chromosomal DNA opened up the prospect of gene therapies for a number of single gene inherited diseases such as sickle cell anaemia, cystic fibrosis and haemophilia, he said. Gene therapy may also be extended to add novel properties to cells to enhance their ability to fight disease.

### Some potential applications of anticodon drugs\*

Target	Therapeutic target
<b>Infectious disease</b>	
Candida albicans	Skin and systemic fungal infections
Herpes simplex virus	Topical and systemic herpes simplex I & II infections
<b>Host disease</b>	
Intracellular adhesion molecules	Ocular, skin & systemic inflammations
5-Lipoxygenase	Asthma
Phospholipase A <sub>2</sub>	Rheumatoid arthritis
Ras oncogene	Cancer

\*Adapted from information provided by ISIS Pharmaceuticals, Carlsbad, California, United States of America

# Human gene therapy — minor curiosity or major development?

Somatic gene therapy is a new approach to healing involving the introduction of new genetic information into somatic cells of a patient in an attempt to cure, treat or prevent a disease. Somatic cells are those incapable of passing genetic information on to the next generation.

Some believe gene therapy will transform the pharmaceutical industry while others say it will ultimately be no more beneficial than organ transplants. It is still early days, said Dr Wilson.

The basic scientific principle can be likened to a drug delivery problem. The "drug" is DNA, a difficult molecule, being large and highly charged in whatever form it is used. It has to be delivered to a specific compartment of a specific cell.

One of the tricks developed a decade ago was to take advantage of the natural ability of viruses to transfer nucleic acid into cells. The virus must be made non-pathogenic. The therapeutic DNA is then introduced into the viral genome to produce a recombinant virus. The approach taken so far has been to use non-human, non-pathogenic retroviruses.

It may be possible to transfer genes into the cellular components of skin, so developing a drug delivery system which would allow a fibroblast or keratinocyte to deliver its therapeutic protein into the circulation.

There is the possibility of introducing genes into the endothelial cells lining the blood vessels by removing tissue, genetically altering it and planting it back in the body. The lung is another possible target and has been examined in attempts to find a cure for cystic fibrosis. The liver also provides a good model.

So how do you pull it off? The basic approach is described as *ex vivo* gene therapy — the transplantation of genetically modified cells. An appropriate target cell in the patient is identified, a section of the tissue relating to the target cell is removed and a cell culture established. A recombinant retrovirus is used to transduce material — or "efficiently shovel genes" — to genetically modify the cultured cells. These cells are then harvested and transplanted back into the patient. It is a fairly contrived approach, and to that extent is a modification of organ transplantation, acknowledged Dr Wilson.

Two trials using this approach have been carried out so far on human subjects. The first results were published by US researchers last year. They attempted to treat an inherited immune deficiency disease which results in a lack of the enzyme adenosine deaminase.

**Human gene therapy is still very much in its infancy. Dr Jim Wilson, of the Howard Hughes Medical Institute, University of Michigan, looked at the potential this type of genetic healing holds, at the first of the Conference science sessions**

This enzyme is expressed in nearly all cells, and its absence results in selective toxicity to immune cells, particularly T-cells. This in turn leads to an accumulation of metabolites which are extremely toxic to the immune system, and as a result sufferers, generally children, develop recurrent life threatening diseases.

Until now, treatment has been a bone marrow transplant, which works well provided a matched donor can be found. The concept with gene therapy was to take the patient's own bone marrow, introduce the adenosine deaminase enzyme gene into the cells and transplant them back into the patient. This ran into problems because it proved very difficult to identify the appropriate depopulated cells.

The US team then tackled the problem from another

direction. The lack of adenosine deaminase means there are a limited number of T-cells and they do not function well. But it is possible to culture T-cells and



Dr Wilson

introduce genes into them, and this was done with two subjects. While this approach has so far produced no complications, the lymphocyte is not long lived and patients must return regularly for a further infusion of modified T-cells and to have more siphoned off for culture.

Dr Wilson spoke of his own work, for which he is hoping to get clearance to proceed with human subjects shortly. He is looking to use gene therapy in another rare inherited disease, familial hypercholesterolaemia. This is the result of a genetic defect in which the liver receptor cells which bind and break down LDL cholesterol are defective. The body accumulates very high levels of cholesterol leading to atherosclerosis and heart failure. The only option until now has been a heart liver transplant.

Dr Wilson is proposing to introduce an LDL receptor gene into the patient's own liver cells, rather than removing the whole organ. The target cell is the hepatocyte, and the procedure requires the removal of a small section of the patient's liver. Retroviruses with a normal LDL receptor gene spliced into their genome will be introduced into the cell culture and the hepatocytes re-introduced to the liver via the portal vein.

While such procedures are going to be helpful Dr Wilson does not see them redefining medical practice because of technical problems. He suggests the approach needs rethinking in a more pharmacological way — perhaps with development of a substrate containing the therapeutic gene which could then be delivered to the patient, targeted to the appropriate site.

Dr Wilson highlighted a number of current limitations to gene therapy:

- Gene expression is constitutive, not regulated. This is a significant problem that prevents the use of gene therapy in conditions such as diabetes. While a gene for the production of insulin can be introduced into a fibroblast, it cannot be done in a way that allows the introduced gene to be regulated in response to physiological stimuli.
- It is difficult to access some organs for gene transfer, eg CNS.
- The therapeutic gene is not always obvious, especially in the treatment of acquired rather than inherited diseases.
- The concept of *ex vivo* gene therapy has substantial limitations in terms of efficacy and clinical feasibility.

The most active area of gene therapy relates to the treatment of acquired diseases, such as AIDS and cancer, Dr Wilson concluded. One of the most exciting strategies is using a virus to kill a virus by modulating the immune system.

## HIV — a modern epidemic

Governments were ill prepared for the current HIV epidemic, seeing such infections as a thing of the past, according to Dr R. Gallo, the co-discoverer of the virus in the early 1980s. There was also a belief that a global epidemic was not possible unless the microbe was casually transmitted. AIDS has proved this not to be the case.

It is only recently that the technology has existed to identify such viruses. They are difficult to find and transmit, but have long latency periods and are present from the time of infection until death. Human retroviruses fall into two categories, HIV and human T-cell leukaemia virus (HTLV). They can be defined as viruses whose genetic information is RNA, but when they infect a cell — and all viruses are cellular parasites which cannot survive outside the cell — the RNA becomes converted to DNA. The DNA form, the pro-virus, is usually integrated into the cell chromosome and the virus may no longer be expressed. This silent infection is unidentified by the immune system and cannot be recognised until the genes are activated.

HTLV has been long established in man, whereas HIV only entered man a few hundred years ago, believed Dr Gallo, probably as zoonosis — the transfer of a virus of animal origin. It is likely the epidemic



Dr Gallo

originated in tropical sub Saharan equatorial Africa, where a number of monkey species carry almost identical viruses.

Over 10 million people globally now carry HIV and there has been a startling rise in infection in areas which were considered relatively free such as Latin America and the Caribbean, South East Asia and parts of India. "Our danger in the US and Europe is complacency," warned Dr Gallo, who is head of the laboratory of tumour cell biology at the US National Cancer Institute in Maryland.

# The therapeutic partnership still has 'a long way to go'

The benefits of effective, integrated working in therapeutic partnerships have already been demonstrated in hospitals but there is still a long way to go in primary care, according to Peter Noyce, professor of pharmacy practice at Manchester University.

The therapeutic partnership comprises not only the doctor, pharmacist and industry, but also the patient, he said. "Much needs to be done by pharmacy in clarifying and becoming committed to the roles that can be consolidated into productive partnerships."

## Ignoring reality

The primary function of community pharmacists in dealing with patients is responding to their symptoms and making a preliminary assessment, said Professor Noyce. Although an agreement exists between the medical and pharmaceutical professions on this subject, doctors remain ambivalent about the role of the pharmacists, "seemingly ignoring reality". The pharmaceutical industry, through its inconsistency in the promotion of Pharmacy medicines, also seems unclear about the pharmacist's place, he said.

"Perhaps pharmacy itself engenders these mixed feelings through presentationally adopting the high ground and yet in practice tending to eschew, rather than concentrate effort on actual consumer needs."

"The profession should build

**While the team approach is established in hospital it still has a long way to go in the community. Relaxing the rules on prescribing will mean more co-operation between doctor and pharmacist**



Peter Noyce, professor of pharmacy practice, Manchester University

on the agreement that already exists with medical bodies, carefully defining the pharmacist's responsibility in this area, structuring the triage role, and making adequate

refresher training an integral part of service provision," said Professor Noyce.

This clarification was important to developing the therapeutic partnership, he

said. "Most appropriately, a multi-disciplinary group should be established to develop a pharmacist's formulary under the auspices of the National Joint Formulary Committee much in the same way as that proposed for nurses."

## Prescribing

Professor Noyce highlighted the relaxing of NHS regulations to permit prescriptions for repeated dispensing as paving the way for a stronger therapeutic partnership between the GP, community pharmacist and patient. The integration of primary and secondary care, and nurse prescribing were also likely to effect the partnership.

"Shifts in the pattern of care are going to require new working practices and relationships between practitioners," he said. The cost of in-patient care and patient and carer's preferences were prompting a move towards care in the community. Professor Noyce mentioned controlled dosage packs for residential homes as an example of pharmaceutical innovation.

"There is a much needed and wider scope for supervision and monitoring by pharmacists of medicines' administration among the chronically disadvantaged client groups, such as the mentally ill and learning impaired, as well as the elderly," he concluded.

## Drug information to become more important in the future

In the light of recent National Health Service reforms, drug information is needed by every healthcare professional as never before, Professor A. Breckenridge of the Department of Pharmacology at Liverpool University told the Conference. In particular, the Government's Citizen's Charter meant that information for patients will become more prominent, he said, suggesting that the future may even see walk-in centres providing patients with drug information.

Drug prescribing was at the centre of much recent debate, said Professor Breckenridge. Although expenditure on the NHS as a percentage of the UK's gross national product had increased from 3.9 per cent in 1960 to 5.8 per cent in 1989, in Japan it was 7 per cent and in the USA it was 12 per cent. "The Economist has predicted that over the next ten years healthcare costs in the Western world will rise at twice the rate of GNP," he said, reminding

delegates that the drugs bill was a very substantial part of healthcare costs.

Data from the Association of the British Pharmaceutical Industry showed that UK GPs are not prescribing excessively or unnecessarily, he said. Products introduced in the last five years made up only 9.3 per cent of the UK's total drugs bill.

Professor Breckenridge went on to explain how recent NHS changes were affecting prescribing. The key thing to remember, he said, was indicative prescribing amounts. In addition to the introduction of GP fund holders and NHS trusts, the appointment of family health services authorities' medical and pharmaceutical advisors, although not obligatory, was important. There was also the Leeds Prescribing Unit set up by Professor Conrad Harris, the Medicines Resources Centre (MeReC) and the Medicines Advisors Support Centre (MASC).

Currently drug information was available both actively and passively, he said. The former included national publications such as the British National Formulary and the Drug and Therapeutics Bulletin, regional drug information newsletters and Data Sheets, and promotional literature supplied by the pharmaceutical industry. Passive sources included NHS drug information centres, hospital drug information pharmacists and information departments at pharmaceutical companies.

NHS drug information centres, of which there were now over 200, have risen in importance as the complexity of prescribing has changed, said Professor Breckenridge. As well as performing national functions such as advising the Department of Health and maintaining standards they were also involved in regional and local functions, including the provision of drug information bulletins and



## Industry changes will improve relations

Changes currently affecting the pharmaceutical industry will reinforce a long standing partnership with the pharmacy profession, believes Dr Kevin Bilyard, international planning manager at ICI Pharmaceuticals.



Dr Kevin Bilyard

There are many opportunities for productive collaboration, drug discovery and product development, with some areas of contention, notably the impact of formularies, he said.

Dr Bilyard described how the pharmaceutical industry is being forced to consolidate. Although it might be expected that the industry is alert to the changing needs of its first line customer — the NHS — in reality it has had only limited success in influencing policy and being

pro-active in the "pharmapolitical" arena, he said. As a consequence, in the foreseeable future, the industry will, at best, be reacting to change not leading it.

Pharmaceutical change has been brought about by factors including increasing public awareness of medical disorders and their desire for an effective "no risks" treatment with good value for money. The industry is having to realise that straight forward technical superiority over existing therapies may not be enough, Dr Bilyard explained. New medicines are also being judged on economic measures.

Industry changes are demanding a more business-like approach to new product development. "The ability to match research strategies with future therapeutic needs will be increasingly important as the selection criteria for the resource-intensive development phase are tightened up," he said.

Despite the changes, the relationship between the pharmaceutical industry and pharmacists will continue to be strong, Dr Bilyard predicted. Co-operation with academic institutions would also increase as industry becomes more specialised and more dependent on external centres of excellence.

The complex nature of clinical trials has increased the industry's reliance on the professionalism of hospital pharmacies. Close co-operation between hospital and industrial pharmacists and physicians was necessary to ensure study protocols and good clinical practice, he said.

Hospital projects dominated this year's practice research session with a strong emphasis on drug interactions

## Inappropriate drugs and ADRs in the elderly

The frequency of adverse drug reactions in elderly patients could be considerably reduced if physicians took care to avoid inappropriate medication or stopped medication which had become unnecessary.

This was the conclusion of research carried out at the University Departments of Pharmacy and Geriatric Medicine, Hope Hospital, Salford and presented to the pharmacy practice research session by Mary Tully.

Hospital records of elderly patients admitted to a teaching hospital over a ten week period were examined for information including admission medication, presenting complaints, diagnoses and changes made to

drug therapy while in hospital. Inappropriate drugs were considered to be those that were discontinued due to being unnecessary or contra-indicated.

Some 427 admissions relating to 418 patients were studied: in 392 admissions 1,398 drugs were prescribed. Interacting combinations and cautioned drugs were common, although they were less important in producing ADRs than contra-indicated and unnecessary drugs, the researchers found. Some 253 drugs were discontinued on, or shortly after, admission with 177 deemed to be unnecessary. Of these 19.6 per cent caused side effects.

## In-patient prescription monitoring

Prescription monitoring is the least measurable of pharmacy services and one of the hardest to manage. However, researchers at the Clinical Pharmacy Unit, Northwick Park Hospital, have devised a survey to help managers quantify their own service and compare it with others.

Prescription monitoring includes checking adverse drug reactions and interactions, dose, frequency, method of administration, duration and

appropriateness of therapy.

The study, carried out in 31 acute hospitals in the North West Thames Region, recorded all patient specific drug related potential problems (PSDRPPs) using a specially designed form.

In all, 3,273 PSDRPPs were recorded in one week: 87 per cent were identified by pharmacists and the remainder by pharmacy staff, clinicians, nurses or patients. The nature of the potential problems is shown in table 1. In 52 per cent of cases a change to the prescription resulted, in 14 per cent the advice was accepted but no change made. Advice was

**Table 1. The nature of recorded PSDRPPs (%)**

Dose/frequency	31
Administration/	
formulation/route	15
Treatment choice	14
Illegal/illegible/	
incomplete scripts	11
TTA problems	11
Formulary/blacklist	8
Treatment duration	7
ADRs	6
Pharmacokinetics	5
Interaction/incompatibility	4
Others	2
(Some fall into more than one category)	

rejected in only 2 per cent of cases.

The study represents the widest survey of clinical pharmacy activity performed in the UK, presenter Ros Batty told the Conference. It demonstrates that pharmacists have a significant effect on prescription quality.

Publishing this data within the Region has enabled managers and clinical pharmacy specialists to compare their service with others, said Ms Batty.

It is planned to repeat the study annually with regional specialists visiting each hospital to help optimise clinical services.

responding to inquiries from healthcare professionals. Inquiries came most commonly from pharmacists and involved adverse drug reactions, choice of drug and doses, he said.

However, there were still a number of controversial areas to be addressed, he continued. In particular there were problems arising from the transfer of drug usage from hospital to primary care. The role of drug information here was paramount to reduce misunderstanding, Professor Breckenridge said. Although formularies were now common in hospital and were increasing in primary healthcare, a formulary was needed that covered both areas, he concluded.

The Numark exhibition stand showed sketches and plans of their new retail concept and included before and after photographs of the first pharmacy to be refitted. Lady Constance Perris, secretary of the Birmingham Branch of the Society, is pictured with Numark's managing director Terry Norris



## Trial with sublingual verapamil

The acute administration of verapamil by the sublingual route may be useful in the management of certain acute supraventricular arrhythmias, a study carried out at the Welsh School of Pharmacy and the University of Wales College of Medicine suggests.

Presenter Dr Dai John told the Conference that the work had been prompted by an anecdotal report of a patient who had "suckled" a standard oral verapamil tablet and had obtained greater symptomatic relief of palpitations associated with atrial fibrillation.

The study included nine patients with acute atrial fibrillation, atrial flutter or AV node re-entrant tachycardia. They received either 40mg of sublingual verapamil followed by a further 40mg dose 15 minutes later, or single doses of 40mg or 80mg.

Sublingual verapamil was effective in decreasing ventricular responses in all patients presenting with acute atrial fibrillation or flutter. The mean heart rate at peak plasma verapamil concentration was significantly lower than that observed on admission. The workers concluded that since the sublingual route is non-invasive it is more convenient to both patients and medical staff and is considerably less expensive than the intravenous route. It is also relatively simple and well-tolerated.

Further studies involving larger numbers of patients are required before any firm conclusions can be drawn, say the authors.

## Do the elderly cost three times more?

Official figures estimate that elderly patients receive three times more prescription items per capita than the rest of the population. A 3:1 ratio is used to calculate the Prescribing Unit to standardise general practitioner practices for age in calculating indicative prescribing budgets.

However, differentials in use provide only a crude summary of the true pattern of prescribing and may conceal important differences in other age groups, according to workers at the Wolfson Unit, University of Newcastle upon Tyne, the School of Pharmaceutical and Chemical Sciences, Sunderland Polytechnic and the Pallion Health Centre, Sunderland.

The research, presented by Dr Clive Edwards, was based on 11,695 items dispensed in the health centre pharmacy. The patient's age was coded into one of ten bands and pricing details correlated to age.

The ratio of the number of prescribed items for the over 65s was 3.3:1 and the ratio of average drug costs 3.6:1. The average cost per patient remained steady from 0-34 years and then increased from the 35-44 age band until the 65-74 age band. There was a decline in cost in the over 85s.

The number of prescribed items per patient showed a similar pattern to cost with an additional increase in the under 15 age group.

The average cost per item did not increase after middle age, indicating that increased costs were the result of increased numbers of items, not to the prescribing of more expensive drugs.

The researchers hope the data will highlight the need to develop a more realistic picture of changes in prescribing costs with age. There are important implications for drug cost analysis and prescribing budgets in general practice.

## Identifying potential hidden drug interactions

Perhaps one of the most important skills in community pharmacy is devising systems to ensure that all potential drug interactions are actually identified.

However, as these may occur with OTC medicines, social drugs, health products and food, as well as prescription drugs, many potential interactions are "hidden" and may be missed unless the pharmacist takes steps to identify them.

Workers at the Centre for Pharmaceutical Sciences, School of Health Sciences, Liverpool Polytechnic, undertook research into the incidence of hidden interactions. The results, presented by Juliet Roscoe, showed that 50 per cent of

patients interviewed were involved in potential interactions with their prescribed drugs.

Problems were only identified by talking to the patient although the time involved was found to be minimal. A simple checklist of questions was suggested which the assistant could ask, with the pharmacist seeking further details if necessary.

The researchers found that as many as 5 per cent of prescriptions may require the pharmacist to contact the doctor to discuss clinically significant interactions. In addition, there was a need to counsel nearly one in three patients to help them avoid problems that could arise.

## Propofol review

At the University Hospital of Wales (UHW), use of the anaesthetic propofol is higher than the national average and if agreed guidelines were adhered to, savings of up to £14,000 could be brought about.

These were the main findings of a review carried out by the Departments of Pharmacy and Anaesthetics, UHW, Cardiff, presented to the Conference by Sarah Turner.

Preliminary studies indicated that propofol was used in 25 per cent of surgical cases at UHW, compared to a national average of 9.8 per cent.

Guidelines for the product's use were prepared by the Department of Anaesthetics and included procedures likely to take less than 20 minutes, and where volatile agents were contraindicated or not feasible. All anaesthetics and post-operative record forms at UHW during September 1990 were reviewed against these guidelines.

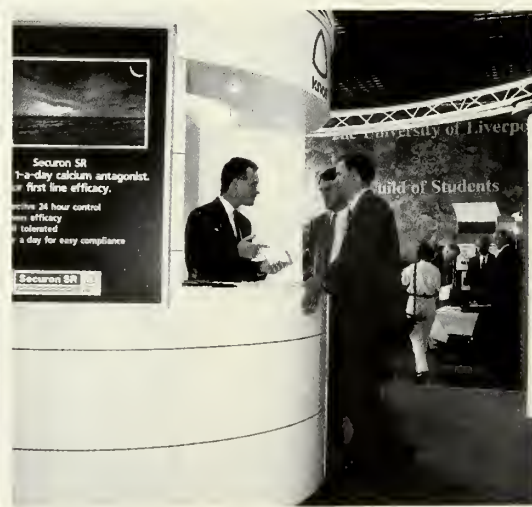
Of the 1,279 anaesthetic procedures performed during this period, propofol was used in 39.9 per cent. The drug was used outside the agreed guidelines in 28 per cent of cases. Inappropriate scripts were written by consultants (55 per cent), senior registrars (13 per cent), registrars (21 per cent) and senior house officers (9 per cent).

The main reason for the inappropriate use was for operations lasting longer than 20 minutes. However, even if the guidelines were amended to include operations of up to 40 minutes duration, the cost of inappropriate use still amounted to £4,000.

One of the major reasons for propofol's overuse is its rapid onset and short duration of action, say the workers. A major expansion of day case surgical facilities is likely to increase dental and day cases from 18 per cent to around 40 per cent of total procedures.

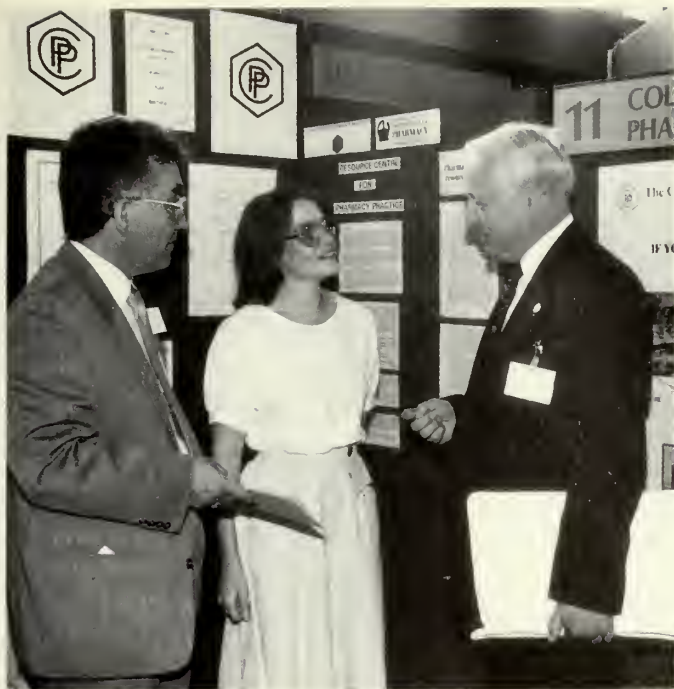


Alan Walmsley from Convetec Ltd, manufacturers of stoma care appliances and hydrocolloid dressings, is discussing the range with Julian Thorne from the Welsh School of Pharmacy in Cardiff.



Making sure everything is ready before the rush of conference delegates are Knoll's Stuart Murphy, regional manager John Gales and Paul Mullin. Knoll's large circular stand occupied a central position at this year's exhibition.

## PRACTICE RESEARCH POSTERS



The College of Pharmacy Practice was on hand at Pharmex 91 to provide advice about their activities and to recruit new members. Miall James, a CPP governor is chatting with Helen Rowland-Jones from Shropshire who joined the College in January, and Dr Ian Boyd, also a member, from the Medicines Control Agency.

## Questionnaires to assess compliance in the elderly

Members of the Departments of Pharmacy, Western General Hospital, Edinburgh, and the University of Strathclyde, Glasgow, have examined a scored, structured questionnaire and its potential use as a predictor of patient compliance in the elderly.

The questionnaire was used in conjunction with objective evidence from tablet counts and an abbreviated questionnaire was also studied.

One of the authors, Laura McIver, told the Conference that 17 elderly patients taking three or more prescribed medicines were interviewed on three home visits at 7-14 day intervals. At each interview a tablet count was conducted and

after the second interview, patients were counselled on deficiencies identified from the questionnaire.

Patient assessment prior to counselling showed a positive correlation between the score on the questionnaire and the tablet count deviation. This suggests the questionnaire may be a useful screening instrument determining likely compliance.

Improvements in the questionnaire score on repeat interview and after counselling suggest its potential use as an instrument in monitoring change in the ability to self-medicate, conclude the authors. No clear difference was found between the questionnaire and its abbreviated form.

## Iatrogenic disease and hospital admissions

A study of hospital admissions related to medication problems in East Anglia has shown that 3.9 per cent were due, wholly or in part, to adverse drug reactions.

A further 1.2 per cent resulted from poor compliance, usually with anticonvulsant or hypoglycaemic therapy, according to research by Michael Brandon and co-workers from the Pharmacy Academic Practice Research Unit, East Anglian Regional Health Authority.

A total of 1,813 admissions were recorded with 160 identified as being drug related. Gastro-intestinal bleeds due to aspirin and anti-inflammatory drugs, and confusion caused by

antihypertensive and diuretic therapy caused admission in 0.5 and 1 per cent of cases.

The mean age of patients admitted with iatrogenic disease was 68 years, higher than the overall average age of 58 years. Elderly patients are therefore more at risk, particularly if polypharmacy is involved, the research showed.

The Unit is planning further investigations into the clinical and economic implications of iatrogenic disease. Preliminary results have led to a healthcare programme to tackle the problem. Details of problem areas are to be sent to GPs and pharmacists, and a second survey is proposed to monitor any improvements.

**Continuing education:** A study of continuing education among community pharmacists in Wessex has shown that 65 per cent did not attend any local CE meetings in the 12 months September 1989-90. The main reason was said to be the timing of the courses.

If CE is to be a requirement for practice, the views of the profession must be sought to determine a practical system, providing relevant information in a suitable format, say A.J. Hunt, C. Lupton and J. Portlock, Portsmouth Polytechnic.

This contrasts sharply with results from a survey of pre-registration graduates who were shown to be well motivated towards CE, although many had received little encouragement while training. All believed that updating their knowledge was essential and 79 per cent were in favour of mandatory CE. C. Livingstone, P. Gear, A. Hunt, Sussex Pharmacy Academic Practice Unit, Portsmouth Polytechnic and Boots.

were likely or very likely to buy one, 29 per cent were unsure and 36 per cent were unlikely to purchase a system.

Although 75 per cent agreed that EPoS would provide useful stock management information and improve stock control, less than half thought it would make the business more profitable. R.M. Boakes, M.H. Jepson, B. Strickland-Hodge, Aston University.

**Understanding lithium:** Patients taking lithium are generally poorly informed about their therapy and this is a potential area for counselling by pharmacists.

Prior to being counselled 54 patients were interviewed about their therapy. The mean length of continuous lithium treatment was 5.5 years.

Most patients knew their lithium dose and 74 per cent knew to take the tablets with water. More worryingly, 77 per cent did not know the main signs of toxicity; 67 per cent did not know what to do if they



**Responding to symptoms:** Minor ocular conditions are a common disorder presenting in the pharmacy yet there is a lack of knowledge in this area among community pharmacists.

A survey of 52 pharmacists showed that insufficient questions are being asked to make a full and accurate diagnosis. The treatments supplied for blepharitis, acute glaucoma, allergic conjunctivitis and sub-conjunctival haemorrhage were largely inadequate with inappropriate medication given in many cases. General health advice was also minimal. The results were hardly surprising considering 22 of the 52 respondents had not received any training on the subject. G. Mulligan, A.J. Hunt, C.N. Herring, Portsmouth Polytechnic.

**EPoS in pharmacy:** Although community pharmacists are making increasing use of information technology, many remain unconvinced about the benefits of electronic point of sale (EPoS). A survey of 1,000 community pharmacists showed that while 97 per cent have at least one computer in their pharmacy, only 6 per cent had an EPoS system.

Of those without an EPoS system, 19 per cent said they

missed a dose; 87 per cent did not know of anything that could alter lithium levels; and 80 per cent did not know of any medicines they should avoid. H. Munro, R.W. Fitzpatrick and M.H. Jepson, North Staffordshire Hospital Centre, Stoke-on-Trent and Aston University.

**Computer prescriptions:** Such prescriptions are now commonly issued by GPs. However, there have been no published reports on the effect of computers on prescribing quality — until now.

Prescriptions from a mix of city centre, suburban and semi-rural locations were studied. Those written by GPs were compared with computer generated prescriptions to see if they adhered to published recommendations of what information should be present.

Of the 1,000 prescriptions studied, 573 were written by GPs or receptionists and 427 were computer generated. In the first category there were a total of 648 omissions or errors. This compared to only 149 for the computer generated ones. The most common omissions were patient title, medicine dose, form and strength. P.J. Rogers, K. Baxter, G. Fletcher, University of Bath.

continued on p430

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## PRACTICE RESEARCH POSTERS

Continued from p429

**Relationships with GPs:** There is general acceptance among the medical profession of a counselling role by community pharmacists, a Derbyshire study suggests. In practical terms, this is principally for collaboration in counselling on drug side-effects.

The postal questionnaire completed by 194 GPs showed that situations where patients required reinforcement of directions, had not fully complied with directions, or had administration difficulties, eg with inhalers, were areas that GPs saw as being appropriate for pharmacist counselling.

Dispensing doctors showed a trend towards considering community pharmacists had "no role" while doctors who had participated in postgraduate training were more likely to recognise the pharmacist's role. *D. Gerrett, A.J. Willcocks, Derbyshire Royal Infirmary, Derby.*

**Computer assisted learning:** The increasing availability of computers makes computer assisted learning (CAL) an attractive facility for continuing education. A trial which loaned pharmacists a complete CAL machine was well received. Some 96 per cent of the group enjoyed the case studies and 90 per cent felt they were realistic.

Participants used the computer at home (46 per cent), at work (44) and both (10). *D. Nicholls and D.J. Temple, University of Wales College of Cardiff.*

A postal survey of pharmacists in the South West revealed that there was a link between acceptance of CAL and current access to a computer. Some 36 per cent of respondents had access to a suitable computer, 73 per cent of which were IBM-compatible. *T. Bilham, P. Christie, R. Jenkins, S. Moss and P. Redfern, University of Bath*

**Medicines in schools:** A survey of the handling of medicines in 26 primary schools has revealed a need for national guidelines and an education opportunity for pharmacists.

There was no formal policy in 11.5 per cent of the schools. Only one provided refrigerated storage and only 23 per cent of medicines were locked away. Some 85 per cent of

headteachers said they had a limited understanding of medicines and 70 per cent thought training would be beneficial.

Suggestions include publication of the school's policy, adequate storage facilities, clear labelling, a defined chain of responsibility and signed authority from the child's GP. *C. Williams, J. Fairbrother, P.N.C. Elliott, Liverpool Polytechnic.*

**Practice formularies:** Use of a cardiovascular (CVS) practise formulary is associated with increased profits for the pharmacy contractor, research suggests.

Stock data for six months was examined and the total net ingredient cost and monthly remuneration calculated. These were re-estimated for CVS drugs only, based on an agreed formulary.

The resulting increase in profit was £3,122 (25 per cent). Advantages included increased profit, reduced stock holding, improved liaison with GPs and better customer services. Disadvantages were likely to be a decline in prescription numbers, and the time to prepare the formulary. *A.J. Burr, J. Hay, Sunderland Polytechnic and Leicester Polytechnic.*

**Cholesterol screening:** Pharmacists who registered since 1971 are almost five times more willing to introduce cholesterol screening than those who registered prior to 1971.

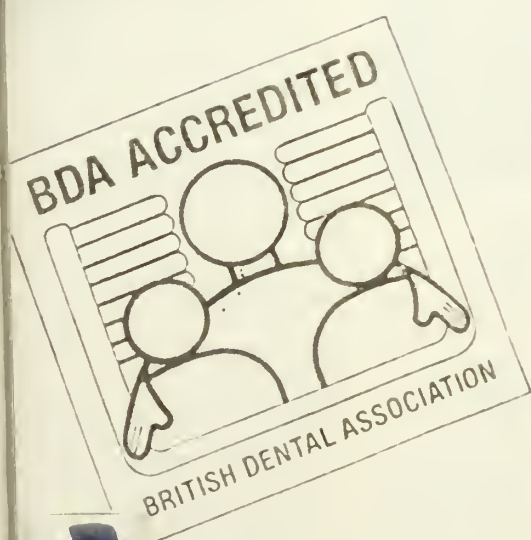
A survey of community pharmacies (excluding large multiples) showed that only 8 per cent offered a cholesterol screening service. Of those who did not offer the service, 13 per cent said they were likely to do so in the next 12 months and 19 per cent said they would if the decision was theirs to make.

The most frequent reasons for not providing the service were: lack of demand (53 per cent), cost of equipment (31), assessing public reaction (23), too time consuming (20), and not enough space (12). Some 40 per cent of pharmacists did not feel adequately informed to offer advice on fat and cholesterol in the diet in relation to heart disease. *A. Ranscombe, O.A. Downing and K.A. Wilson, Aston University.*



**Chemist & Druggist 14 SEPTEMBER 1991**

Now the toothpaste 96% of  
dentists recommend to relieve the pain of  
sensitive teeth has been approved by  
the British Dental Association.<sup>1</sup>



**SENSODYNE *F* TOOTHPASTE**

**PROVEN TO RELIEVE THE PAIN OF SENSITIVE TEETH**

1. Data on file.

# Pharmacyupdate

The term diabetes mellitus (DM) is a description of a condition of chronically elevated blood glucose which is usually accompanied by a characteristic set of symptoms and other biochemical abnormalities. The extent of the disorder may vary from asymptomatic to rapidly fatal.

The classification of DM covers several disciplines, concerning human leucocyte antigen (HLA) type, DNA sequencing, islet-cell antibodies and other specialist areas. The WHO classification of DM is shown in Table I; the most widely used and favoured approach has been the clinical classification into insulin dependant diabetes mellitus (IDDM) and non-insulin dependant diabetes mellitus (NIDDM) which has replaced the previously used terms of juvenile and maturity onset diabetes respectively. Impaired production, or interference with the action of insulin is the essential mechanism of the diabetic state.

The two major presentations of diabetes mellitus, insulin and non-insulin dependant DM have distinct differences in terms of immunological and hormonal mechanisms, although it is possible that patients who are IDDM can go through phases of NIDDM, and those with NIDDM may become insulin dependant

Martin Doherty/Science Photo Library



this overall incidence. It will develop in susceptible individuals following an environmental or infective insult to the pancreatic  $\beta$ -cells. Viral infections such as rubella or mumps can lead to destruction of these  $\beta$ -cells with subsequent formation of autoimmune antibodies; these auto-antibodies themselves then lead on to further  $\beta$ -cell destruction. With the eradication of about 80 per cent of the total islet of Langerhans cell population, cell response to secretory stimuli fails and circulating insulin falls to very low levels.

## Aetiology

There are several factors to consider in the aetiology of this disorder. Genetically, an increased understanding of human histocompatibility complex; increased frequency of certain HLA types has been demonstrated in IDDM. Family studies of HLA identity have indicated that a genetic contribution from both parents leads to increased liability to IDDM. HLA typing in target families is not yet worthwhile as no preventative measures are yet available, leaving little to be gained from such investigations.

The identification of circulating islet-cell antibodies provide further evidence for activation of the autoimmune process in IDDM; the specific antigen to these antibodies appears to be common to all the endocrine cell types in the islets.

## Environmental factors

Viral infection would seem to be the probable trigger agent in initiating the autoimmune sequence that leads to IDDM in susceptible individuals. The end result of the sequence of events is  $\beta$ -cell damage or ultimate failure.  $\beta$ -cells may also be damaged by other cytotoxins, with lymphokines in particular being candidates.

Studies based in Iceland have indicated that constituents of smoked mutton eaten by pregnant women may damage the  $\beta$ -cells of the foetus, leading to diabetes in later life. Breast feeding may offer some protection against the initiation of diabetes, as it has been asserted that the increasing use of powdered milk for baby feeds has resulted in an increased incidence of IDDM.

## Pathology of IDDM

This type of diabetes is more prevalent than the insulin-dependant form, although annual incidence rates tend to

in times of stress.

However, in both of these types, it is environmental factors which trigger the diabetic process. Individuals who are affected in this way are probably constitutionally or genetically susceptible to the trigger factors, and if these susceptible individuals can be identified early on, then perhaps it could become possible to offer some protection against the diabetogenic factors responsible.

## Pathology of NIDDM

In the western world, diabetes has an incidence of around 3-4 per cent of the population; IDDM accounts for about 10 per cent of

# Focus on diabetes

**In the first of three articles on diabetes mellitus, Ian P Bates, MRPharmS, of The Joint Academic Pharmacy Practice Team, The School of Pharmacy, University of London, gives an overview of the condition and its management**



Monitoring made easier

**Table I. WHO classification of diabetes mellitus**

Insulin dependant diabetes mellitus
Non-insulin dependant diabetes mellitus
<ul style="list-style-type: none"> <li>• non obese</li> <li>• obese</li> </ul>
Malnutrition related diabetes mellitus
Other types associated with
<ul style="list-style-type: none"> <li>• iatrogenic conditions</li> <li>• hormonal disorders</li> <li>• pancreatic diseases</li> <li>• some genetic syndromes</li> </ul>
Gestational diabetes mellitus
Impaired glucose tolerance
<ul style="list-style-type: none"> <li>• non obese</li> <li>• obese</li> </ul>

**Table II. Blood testing in diabetes**

<b>Insulin dependant diabetes</b>
1-2 tests per day
● stable with adequate control
1-4 hourly
● during periods of illness or stress
4 tests per day
● during pregnancy
● during management changes
● when commencing treatment
<b>Non-insulin dependent diabetes</b>
2 tests per day
● during management changes or periods of difficult control
2 tests per week
● stable with adequate control

vary, with marked geographical and ethnic differences. Recent UK studies have been based on hospital admissions, and as such are most probably underestimates.

Evidence has accumulated of insulin resistance and malfunctioning of the insulin receptor in NIDDM. A disorder of the cell membrane glucose transfer proteins is also stated to contribute to the overall pathology. Again, destruction of the  $\beta$ -cells in the islets of Langerhans is evident; there is now evidence of deposition of a specific type of amyloid protein in the  $\beta$ -cells, called amylin. It has been suggested that amylin may be a specific marker for  $\beta$ -cell destruction and also a marker for a circulating hormone causing insulin resistance in muscle cells.

**Genetic factors**

It is very likely that genetic susceptibility is important for expression of NIDDM, more so than for IDDM, although the exact chromosomal site and form is unknown. Some families show dominant inheritance of NIDDM, with others demonstrating reduced vascular complications of the disease.

**Environmental factors**

Obesity plays a large part in disease expression; in some highly inbred and obese populations (for example Pima American Indians, Nauruan Islanders in the Pacific) up to 50 per cent of the population may have NIDDM by the age of 60. Many obese people have elevated levels of circulating insulin, in addition to reduced numbers of insulin receptors, although the chronological order for these findings remains uncertain.

There has been no single component of diet which has been identified as diabetogenic, although there have been suggestions for possible candidates. In developing countries, cassava is increasingly becoming a major source of dietary carbohydrate; this



Regular monitoring of glucose level and recording readings is essential

**Table III. Some general recommended nutritional aims for diabetics** (from the Nutrition Study Group of the European Association for the study of Diabetes, 1988)

Energy	Aim for BMI <25
Fat	Aim for about 30% total energy requirement, with saturated fats no more than 10% total energy
Carbohydrate	Aim for 50-60% total energy requirement from this source, with less than 20g/day from table sugar
Sodium	<6 grams per day (less if hypertensive)
Alcohol	generally reduce; abstain if hypertensive or overweight

particular plant contains cyanotic glycosides, and there are suggestions that high consumption in protein malnourished people may lead to pancreatic calcification and fibrotic destruction, with possible consequences of diabetes and malabsorption.

**Diabetic monitoring**

The inherent risks of hypoglycaemia with diabetes makes regular monitoring essential. Patients need to not only administer insulin or drugs on a daily basis, but also to make modifications to their life style and behaviour in terms of diet, exercise and personal responsibility; long term control is as essential as daily control because of established complications.

Urine testing is based on glucose oxidase reactions, with impregnated strips being the most common method of testing. The renal threshold for glucose varies between individuals, but is usually within a range of 7-12mmol/litre, reflecting blood glucose concentrations over the preceding period since last voiding the bladder rather than the prevailing blood concentration at the time of testing.

This makes urine testing less preferable than blood testing, and should perhaps be used for those who do not need tight control over glucose levels (for example, elderly NIDDM or those who simply find blood testing personally unacceptable). The aim for all patients is to avoid glycosuria, and it should not be used to test for hypoglycaemia.

Urine testing for ketones is

important for IDDM; serious metabolic abnormalities can be signposted by ketonuria, and all patients with IDDM should urine test for ketones if they are feeling unwell.

Blood glucose measuring strips are impregnated with enzymes which can accurately indicate glucose levels. Patient education is important, and as with most measuring devices, the accuracy is dependant on correct usage. Common errors involve inaccurate timing or an insufficient amount of blood to test; pharmacists should be in a position to give advice and counselling on the correct use of

these indicators.

Various colour charts or electronic meters can be used to read the strips. Routine tests should be done before meals, and patients should be encouraged to keep records and charts of the readings, which are of obvious value when changes to management are contemplated (Table II). The patient should be made aware that knowledge of blood glucose is important in order to make adjustments to insulin dosage or diet, and to be able to recognise the symptoms of hyper- and hypoglycaemia.

**Dietary management**

Most patient who present with NIDDM will be overweight, and drug therapy should not commence until attempts have been made to reduce weights in line with more acceptable limits to the body-mass index, of around 25 (BMI = weight Kg/height m).

There are many strategies for weight reduction, usually involving a reduction in dietary saturated fat and increasing fibre content of food. There is evidence that diets containing carbohydrates sufficient to provide about 50 per cent of daily calorie requirements, can effectively lower glucose and low density lipoprotein cholesterol compared to low calorie diets, as long as dietary fibre remains or increases to higher levels (the soluble component of dietary fibre is now recognised as important in this respect).

Soluble dietary fibre reduces postprandial levels of blood glucose, although how is not known. Foods such as lentils, pasta, oats and some fruits are good sources of carbohydrate and soluble fibre. Pharmacists have ample opportunity to advise and counsel patients, particularly those newly diagnosed.

**Long term complications**

Most of the morbidity and mortality associated with the diabetic state can be attributed to long term complications of the disease. Some figures suggest that over half (56 per cent) of a diabetic population had died 40 years after diagnosis, compared with 10 per cent of a control non-diabetic group, although these figures may not remain representative as overall management improves. In terms of morbidity, long term complications are rarely seen in individuals up to ten years from initial diagnosis, although by the third decade over half may be experiencing complications of varying severity. It has been estimated that clinically important complications may be present in 20-40 per cent of IDDM patients.

Most experts would agree to a correlation between duration of disease and the presence of complications. The degree of

hypoglycaemic control is also almost certainly a contributing factor, although the relationship of these factors to the actual pathogenesis of complications is subject to more debate. Chronic hyperglycaemia, neuropathy, macrovascular and microvascular disease account for the majority of long term complications in diabetics.

**Renal**

End-stage renal disease is a major cause of mortality in IDDM patients. Commonly, with symptoms appearing 10-15 years from diagnosis, diabetic glomerulosclerosis will lead initially to proteinuria. Management includes regular urinalysis for protein, low sodium diets and correction of any hypertension.

Neuropathy

Neuropathy may be a result of pathological changes to the microvasculature, affecting the functioning of neurones. Peripheral neuritis or autonomic insufficiency are the common sequelae, accompanied by pain or paraesthesias in the limb extremities. Decreased sensation associated with peripheral neuropathy contributes towards the foot injuries and infections which may go unnoticed and hence untreated until they become severe and sometimes irreversible.

Cardiovascular

Diabetics appear to have a more widespread and rapid progression of cardiovascular disease compared to a control population, with hypertension and atherosclerosis being the most common pathological complications. It is important to emphasise the external factors that can contribute to cardiovascular disease in general; health education concerning diet, exercise, smoking etc, is an important part of diabetic management, and an area in which pharmacists are pro-active.

Peripheral vascular disease

The combination of atherosclerotic processes and microvascular pathology may lead to widespread peripheral vascular disease, characterised by coolness of the extremities, absent pulses, and ultimately skin ulceration (which may be very slow healing and lead to local or systemic infection and possible amputation). Prevention, through correct foot care for instance, is essential, and again illustrates the role of health education and promotion by the pharmacist, which contributes to the overall health management of diabetic patients.

Ocular

Glaucoma and the development of cataracts earlier than usual are well documented complications, although the most common long term ocular pathology is diabetic retinopathy, and may occur in up to 80 per cent of diabetics over 20 years from diagnosis. Commonly, retinopathy starts with micro-aneurisms in the retinal vasculature, leading to hard yellow exudates and chronic leakage. There may be disturbance of central vision, but prognosis of this form of retinopathy is generally good. Proliferative retinopathy is rarer but less prognostically optimistic; fibrosis, adhesions and retinal detachment may result, although treatment using the new techniques such as photocoagulation has reduced the morbidity of this complication. Hypertension, smoking, uraemia and hyperglycaemia may all exacerbate the

Table IV. Important diabetogenic drugs

Drug	Significance	Mechanism
Glucocorticoids	+++	↓ Insulin production, ↓ Peripheral utilisation of glucose
Oral Contraceptives	++	Unclear — insulin resistance, alteration of pyridoxine metabolism, ↑ plasma cortisol have all been proposed
Phenytoin	++	↓ Insulin production
Diuretics	+++	Unclear — diabetics are more susceptible. Hypokalaemia may be important in this context
β-Blockers	+	↓ Insulin release

+ = Possibly important; some reports  
++ = Clinically significant  
+++ = Clinically significant, with larger magnitude or prevalence

Table V. Drugs causing hypoglycaemia

Drug	Significance	Mechanism
Anabolic steroids	++	Significant in diabetics
β-Blockers	++	↓ Glycogenolysis ↓ Warning signs
Ethanol	+++	↓ Gluconeogenesis
MAO inhibitors	++	Unclear; may potentiate sulphonylurea action or insulin
Sulphonylureas	+++	↑ Insulin secretion and/or insulin receptor effect
Pentamidine	++	↑ Insulin release

+ = Possibly important; some reports  
++ = Clinically significant  
+++ = Clinically significant, with larger magnitude or prevalence

condition, and once again the importance of overall health care and advice cannot be overemphasised.

Drug influences

A number of drugs have been identified as causing hyper- and hypoglycaemia, and can thus have an important effect on overall diabetic control if prescribed concurrently. The most obvious agents are those which are used as specific hypoglycaemic agents in the treatment of NIDDM, such as the sulphonylurea group of drugs. Table IV summarises the most significant hyperglycaemic drugs, while Table V indicates the more important hypoglycaemic agents.

Hyperglycaemia

Generally, these drugs will produce hyperglycaemia in normal people and cause impaired glucose tolerance in diabetics. They include sympathomimetics, notably pseudoephedrine, although generally in higher doses than normally used in oral medicines; in general, it will be the presence of a viral infection (colds, influenza) which will upset diabetic control in individuals rather than the use of OTC preparations containing sympathomimetics. Salbutamol can cause rapid increases in plasma ketones and insulin in normal people, and in diabetics it is the increase in blood ketones which is significant; there have been several documented cases of ketoacidosis following the intravenous use of salbutamol in diabetic patients.

Although the evidence is conflicting in some areas, women who use oral contraceptive preparations have some elevation of blood glucose, impaired glucose tolerance or abnormal insulin levels. Usually, these effects are of little significance, although it can aggravate existing diabetic control. Corticosteroids, on the other hand, have more powerful

hyperglycaemic actions, and the term "steroid diabetes" was first used to describe hyperglycaemia sometimes seen in Cushing's syndrome. Glucocorticoids may unmask latent diabetes or aggravate existing disease. The effects are considered to be dose dependent, and usually reversible on discontinuing the causative agent. The main pharmacological action appears to be a direct effect on hepatic gluconeogenesis (glucose formation from amino-acids). There is evidence to suggest action on the peripheral insulin receptor, resulting in a reduced sensitivity to insulin.

Hypoglycaemia

The sulphonylurea group of drugs are the most widely known hypoglycaemic agents, and probably account for about 90 per cent of all cases of clinically referred episodes of hypoglycaemia. Salicylates in children and alcohol in older people are also commonly implicated causes of hypoglycaemia referred to in the literature. Many cases are associated with a predisposition to hypoglycaemia anyway, such as a reduced carbohydrate intake, or renal or hepatic dysfunction. Combinations such as alcohol and insulin, or sulphonylurea plus insulin will also increase the risk of hypoglycaemia developing. Many older people, especially over the age of 60, may be predisposed to hypoglycaemia, possibly because of age-impaired organ function and perhaps a tendency for more irregular eating habits. ● The photograph that appeared in Pharmacy Update last week on p383 should have been captioned "How not to store oxygen", as explained in the text.



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# A dinosaur roars on

Whether it's women in pharmacy, locum pay, remuneration negotiations or the activities of Boots The Chemist, David Thomas is not a man to keep his opinions to himself. *C&D* visited this champion of the independent sector at home in Wolverhampton

To read some of David Thomas' letters to the pharmaceutical Press conjures up a cross between a Victorian chauvinist and a zealous defender of the rights of the independent against the clout of big business.

Don't believe all you read. David Thomas is happy if his ideas make you think, whether you agree with him or not. The National Pharmaceutical Association's treasurer has a considered view of the future of pharmacy and if his view — or the "devil's advocate" view he chooses to express — excites a reaction, then he'll tell you he's "stirred the pot" once more.

Boots The Chemist were talking to the Royal Pharmaceutical Society behind closed doors about their plans for a repeat prescription collection service, but rumours about the scheme got out. An anonymous flyer detailing the proposal started appearing in the post in the West Midlands. David Thomas maintains he doesn't know who started it but it gave him something tangible to act on, and act he did.

Since then, he has been at the forefront of the campaign to counter Boots' actions. As well as letters to the professional Press, Mr Thomas, together with fellow NPA Board member Wally Dove, has collected information from all over the country. He was to have carried the dispute onto TV-am, but programme rescheduling in the wake of the release of John McCarthy put paid to that.

"If we hadn't created a stink, it seemed nobody would have done anything about it," Mr Thomas says. "That anonymous flyer exposed Boots for what they were."

He says the plan has apparently failed in the West Midlands and he thinks the rest of the country will follow. "It's going to die a death. Our doctors won't do it, and in a lot of areas around the country the doctors have decided, in consultation with pharmacists, that they are not going to do it, either. It's more work for them and it will reduce the freedom of patients."

## 'We owe a lot to Boots'

A Bilston lad, David Thomas was one of the last graduates from the College of Advanced Technology, Gosta Green before it became Aston University. He then worked for Boots in Witney, Oxfordshire for a year — "a terrible salary it was then" — before moving back to the West Midlands to work for Billingtons.

"When I qualified the only electric thing in the dispensary was a light bulb. Boots revolutionised retail pharmacy in the '60s when they modernised the whole shop. Community pharmacy followed, so we owe a lot to Boots."

"But I think they seem to have lost their way. They've got 500 stores in the centre of town and 500 more traditional chemist shops. What do they want to be — a department store, a health and beauty store, or a traditional pharmacy?"

He says a tougher "business attitude" has replaced the "professional attitude" of the

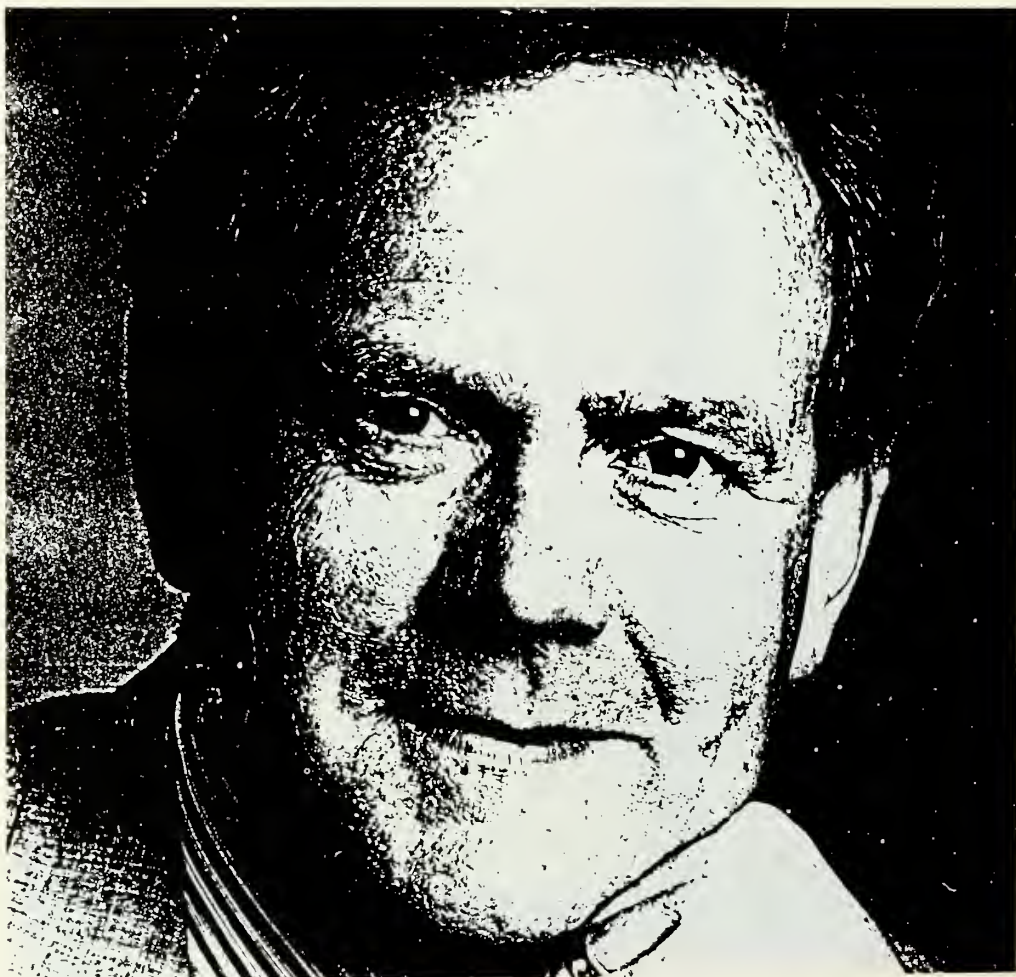
He is not saying that pharmacy should be practised professionally, full stop; pharmacy and business can run well together. "Pharmacists are professionals operating in a retail environment. I see no need for confrontation between the two. I'm sure you can run an effective, respectable retail side to dovetail with your professional responsibilities. That's what the public want. That's how things have developed over the years."

Oddly enough, for a man living in the heart of Lloyds country, Mr Thomas says the small-multiple-swallowing chain

director of just one business.

"When I started in business it was easy to get a pharmacy, but difficult to get the money, now it's the other way round. If things progress as they are I reckon 30-40 per cent of all community pharmacies will be in the larger chains and most of the rest will be in small groups."

"I did think at one time that the one pharmacist pharmacy was going to be extinct, but I think there's a future for them now. Of course the wholesalers are in it for self-preservation — if pharmacies go into the chains the independent wholesaler won't survive — but many



recent past. Boots share of NHS dispensing has apparently dropped from 17 to 11 per cent. "I'd want to get that back, wouldn't you? That's £20-30 million in bottom line profits. But I don't think they can get it back, not the way they are going," he adds.

"At Boots in Wolverhampton in my experience a prescription takes 45 minutes at any time of day, any day of the week. Any comparable-sized independent would offer a waiting service."

has more in common with most independents than Boots. "I think Lloyds will become as big as Boots, but he'll have smaller shops," he says.

## Build up, and then sell off

David Thomas bought his first shop in Pelsall in 1969. At one time, he had three pharmacies and a baby goods shop, but he sold off two of the pharmacies to their managers — retaining minority shares — and is now a

managers were despairing of ever being able to buy a pharmacy. They have a chance now with franchise businesses."

## A question of gender

That means a chance not only for male pharmacists, but for female pharmacists too — a subject which is close to Mr Thomas' heart and one which he returns to regularly in his correspondence with the professional Press.



(Established 1873)

It's also a subject on which it seems his public utterings are a shade more reactionary than his real opinion. "I'm trying to get people out of their pits," he says, simply.

Ask David Thomas about the future for women in pharmacy and he bombards you with statistics: 42 per cent of the Pharmaceutical Register is female; 26 million people are currently in paid employment; and by the turn of the century 13m — half the labour force — will be self-employed/temping or part-time; of the 6m people working part-time now, 15 per cent or almost a million work in the retail and distributive trades, 80 per cent of them are women, and two-thirds of those women have dependent children. "That to me sums up the typical lady pharmacist," he says. "You have to think of these things and apply them to pharmacy. The profession can't work in isolation."

On the contrary, it is many women pharmacists who are working in isolation, says Mr Thomas, and are not realising their full potential as a result. "I get lady locum pharmacists asking me: 'What should I charge?' But why shouldn't they get the same as others?"

There are some changes, however. "When I started you could count on one hand the number of lady proprietors in the West Midlands. Now I'd say the number is 5 per cent. To me that's progress."

"But part-time workers are often seen as a source of cheap labour," he says. "Some locums appreciate the choice and freedom it offers, and in my opinion it should not be uncertain or underpaid."

## How much is a locum?

David Thomas has also gone on record on the vexed subject of locum fees suggesting, at a time when most proprietors were paying around £8 an hour, that £15 was not unreasonable. He partly blames locums for not valuing their services highly enough, and also locum agencies for publishing minimum rates which, he says, are at a level which is detrimental to a pharmacist's professional standing.

It came as something of a surprise to hear of this election in April this year to the post of NPA treasurer, though he's been a member of the Board for over 10 years and was chairman in 1988. "In 1980, I thought I'd have a go at pharmacy politics. Put something back into the profession."

He stood that year in the Board elections as member for the West Midlands, and has held the seat ever since.

## A supporter of training

Within the NPA Board, he is, and says he always has been, a firm supporter of staff training. "It's an invaluable asset, but only if undertaken in a planned way to complement your business."

"Community pharmacy needs more training for both

opposite. UK pharmacists as a whole don't give out as much advice as their European counterparts, and are the worst in Europe for volunteering advice."

Mr Thomas says many newly registered pharmacists are still poorly qualified to deal with the day to day world of modern pharmacy. "It's the fault of the training system and also the Royal Pharmaceutical Society. The modern-day pharmacist is a veritable powerhouse of high class information. But, unfortunately there's often a demonstrable lack of communication skills."

The building at the Chelsea School of Pharmacy of a pharmacy interior, designed with just such training in mind is "a ray of hope for the future", he says.

Like many pharmacists, David Thomas is waiting to find

You won't get him to talk about dispensing doctors — rural doctors, yes; dispensing doctors, no. "I do not consider the unsupervised giving out of potent medicines by the untrained and unqualified as dispensing," he says.

His own solution to the "running sore" of rural dispensing is simple: equalise the remuneration of urban and rural doctors. "The present situation is all about remuneration," he explains. "Rural doctors earn less than urban doctors and are vociferous in saying that to keep their practices going they need the money from dispensing. Obviously this means rural doctors are being underpaid for the services they are offering."

As for the convenience argument, David Thomas says he never had any problems with his urban doctors and "urgent" prescriptions. "Urban doctors have to carry the first two doses of any course with them. I made sure my local practices were well stocked up."

## Professional skills

David Thomas is a pharmacist, and a pharmacy politician to boot, so he would say that, wouldn't he? But, he says, his view has not changed and equals that so recently reiterated by Health Secretary William Waldegrave to the PSNC Dinner in February. He paraphrases: "Patients" — David Thomas adds his own, in brackets, "and taxpayers" — "are best served and professional skills and resources best used by a separation of the functions of diagnosing and prescribing on one hand and dispensing on the other. A free-for-all on dispensing would be in no-one's interest."

This Black Country bluntness typifies the Thomas approach, and you wonder whether he has any ambitions to try his luck standing for the Society's Council. But he seems happy with his lot. "People of my vintage are the dinosaurs in pharmacy," he says. "Now it's up to the younger generation to keep pharmacy viable."

If they step out of line, a man in Wolverhampton won't be slow in picking up his pen to complain.

**"Imagine if all pharmacy staff had the ability and skills to communicate and talk knowledgeably in language patients can understand. It would not only help customers, it would encourage the staff to want to learn more, and ultimately increase customer flow, sales and profitability."**

pharmacists and their assistants. When at Boots, I went on courses covering homeopathy, perfume sales, hair products, Revlon cosmetics, ostomy and truss fitting. I thought that if I was going to sell these things, I'd better learn about them.

"Imagine if all pharmacy staff had the ability and skills to communicate and talk knowledgeably in language patients can understand. It would not only help customers, it would encourage the staff to want to learn more, and ultimately increase customer flow, sales and profitability."

"Patients approaching a pharmacy want to see a smile and a welcoming attitude, not the aloof: 'I'm a professional in my dispensary'. In nearly 90 per cent of all UK pharmacies the counter assistant, not the pharmacist, is the patient's first contact. In Europe it's quite the

out what programme for continuing education for England is devised by the new Centre for Postgraduate Education in Manchester. He says one problem that needs to be addressed is that of time.

"Pharmacists work longer hours than ever before and finding the time to attend a training course is always difficult. It would have to be done in the week, but the current £40 locum fee is derisory — that's the same as the call-out fee for someone to look at my washing machine."

## Solving the rural dilemma

Talk about training courses sends Mr Thomas off on a tangent: "I'm concerned about the Society even talking about recognising rural doctors' assistant training courses."

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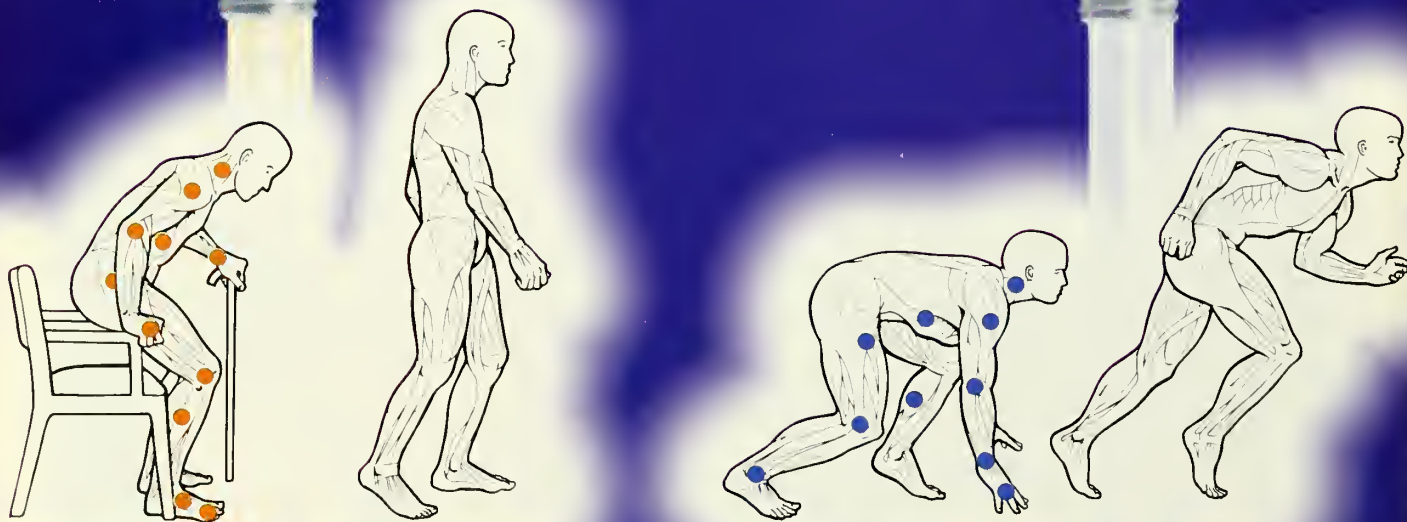
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## Unichem stumble as Lloyds race for the tape

Unichem's £75 million bid for Macarthy has effectively lapsed following the decision of the Secretary of State for Trade and Industry, Peter Lilley, to refer it to the Monopolies and Mergers Commission.

Meanwhile, the Macarthy board has thrown in its lot with Allen Lloyd and are recommending his offer to shareholders. The value of the Lloyds offer has been put as high as £84.5m.

Lloyds have welcomed the Macarthy board's initiative. "I am delighted with the decision of the board of Macarthy to recommend our offer," said Allen Lloyd. "The merger of the two companies will benefit both Lloyds and Macarthy shareholders and I look forward to welcoming Macarthy shareholders into the enlarged group as soon as possible."

In a statement, the Macarthy board said it considers the Lloyds offer to be fair and reasonable and that they intend themselves to accept the offer for their own shareholdings. "The board urges shareholders to submit their acceptances as soon as possible," says the statement.

Success for Allen Lloyd would give him a national pharmacy chain of 812 stores and a health food retail chain of 224 stores.

The first closing date for the Lloyds offer was yesterday.

It looks now as if only the Office of Fair Trading can trip up Allen Lloyd by recommending to the DTI that their bid, too, should be referred. No date has been set for the decision, but a Lloyds spokesman said they were expecting said they were expecting "in a week or two".

Macarthy said the company saw the commercial logic of both the Unichem and the Lloyds offers, and that the decision the board had to make was to weigh up the value of the Lloyds offer against the effect on the business of waiting for an MMC decision on Unichem towards the end of the year. "We believe there are no competition grounds on which there could be any concerns in monopoly with the Lloyds offer," said the Macarthy spokesman.

"After various discussions it was



Recommended: Allen Lloyd

felt there would not be any more bids", he said. Earlier, Macarthy had hinted they were expected at least one further bidder, widely canvassed as being AAH. However, any objection to a Unichem bid from the MMC would almost certainly apply equally to AAH.

A disappointed Peter Dodd told C&D: "Our bid lapses under the Stock Exchange code. Lloyds will probably get the company if they are not referred. I am sure Macarthy's institutional shareholders would not accept the Grampian bid and I would expect Ian Parsons to see them off if the Lloyds bid is referred."

The Grampian offer is worth just £67.4m, but is the only one not dependent on DTI approval. Mr Dodd does not accept that the Lloyds bid will necessarily escape

MMC referral: "Any objection to Unichem must apply equally to a self-distributor like Lloyds," he told C&D.

Mr Dodd said the OFT reasoning assumed Unichem would break the agreement between Medicopharma and Macarthy for the former to wholesale to the latter, though Unichem have already said they will not do so.

"It was an artificial basis on which to make a reference," said Mr Dodd. "It would seem all the OFT's concern is for the future of Medicopharma."

The Office of Fair Trading, which advises the Secretary of State, is believed to be concerned about vertical integration between retail and wholesale in the pharmacy sector. Central Scotland and the south west, where Savory & Moore have a concentration of retail outlets, are apparently regarded as of particular concern. If Medicopharma is shut out of these areas pharmacy distribution could become an effective duopoly between AAH and Unichem, the argument runs.

If the Lloyds offer succeeds the Macarthy directors will resign from the board. Peter Dodd had planned to invite Ian Parsons to join the Unichem board if his bid had been successful.

If the Lloyds bid is successful, and the first closing date for the offer was yesterday, there will be no interim dividend; indeed, Lloyds have reserved the right to lapse its offer if an interim dividend is paid.

## Boyle Midway boosts Reckitt & Colman

Reckitt & Colman achieved a 13 per cent increase in pre-tax profit for the first half of the year, up to £127.6m.

The company's purchase of Boyle Midway last year added some £200m to sales according to R&C chairman Sir Michael Colman. In total, first half sales for Reckitt reached £994.1m against £843.5m the previous year, a rise of almost 18 per cent. The Boyle and Midway figures accounted for just about all

the growth in trading profits, which were up £4m to £147.5m.

In the UK, however, sales were stagnant at £180m, while trading profit improvement of over 25 per cent has been aided by pensions gain of £3.2m.

Earnings per share for the company at 20.2p are 6.4 per cent up on the equivalent figure of 19p for last year.

The company has announced an interim dividend of 5.55p.

## Astra group go for growth

The Swedish-based pharmaceuticals company Astra have achieved a 46 per cent increase in pre-tax earnings for the first half of 1991, reaching Kr1,751 million (£164.1m). Turnover was up 32 per cent from Kr4,520m (£423.6m) to Kr5,947m (£557.4m).

The figures reflect the current rapid expansion of the group, with Astra's sales of Losec worldwide alone amounting to some Kr1,468m (£137.6m). In June the US Food and Drug Administration approved a widened use for Losec to include the acute treatment of duodenal ulcers.

Sales of Pulmicort have also taken off, rising 43 per cent from Kr383.0m (£36.0m) to Kr548.0m (£51.4m), while sales of Plendil rose to Kr154m (£14.4m) from Kr80m (£7.5m). Plendil was also approved for use in the US by the FDA.

Earnings per share for the Astra group are up a mighty 74 per cent, from Kr5.35 (50p) for the first six months of 1990 to Kr9.30 (87p) for the first half of this year.

## Alchemist upgrade

Chemtec Systems say the latest version of their Alchemist 2000 patient medication records system creates a list of patients requiring script collection and delivery while labelling. Current users will get a free upgrade under normal software support and maintenance contracts. Chemtec Systems Ltd. Tel: 0772 622839.

## Zenner (UK)

Zenner (UK) the hair and fashion accessories company, has ceased trading some three years after being set up.

## Jungle sale

Chefaro Proprietaries have bought The Jungle Formula Company, the insect repellent manufacturers. Chefaro have been distributors of the range since 1988. Chefaro is part of the Holland based Akzo group.

## Vocalzone moves

Inphormed Ltd have bought Vocalzones from English Grains Healthcare for an undisclosed sum.

## Nicholas division

The former Nicholas Laboratories' toiletries, cosmetics and household brands now trade under the name of Sara Lee Household & Personal Care UK. However, the healthcare and medicines division of Nicholas Laboratories, recently sold to Roche Products (C&D August 31, p346) will continue to trade as Nicholas Laboratories.

# G.R. Lane (Holdings) take Modern Health

G.R. Lane (Holdings) have bought the health foods and health products company Modern Health Products for an undisclosed sum. Robert Errington, the production director of Modern Health Products, said: "The decision was taken as it was felt the company required additional human and financial resources in order to maintain and expand its business".

Modern Health Products staff of 50 will not go with the company to Gloucester; they are either taking retirement or redundancy.

The company's former owner and managing director Peter Briess stressed to C&D that the company had not been in any financial difficulty, but that they did not have the financial resources to maximise the potential of their brands.

"The potential of products such as Vecon and the healthcare products is so enormous that it needed a larger company to develop the brands." The whole Modern Healthcare Products range will continue to be available.

Modern Health Products, who have been in business since the 1930s and are best known for their herbal medicine and natural food products Vegetex and Vecon, will transfer their manufacturing to Lane's Gloucester site during September. Distribution of the products have already been transferred to Lanes.

The company's new address will be: G.R. Lane Health Products Ltd, Sisson Road, Gloucester, GL1 3QB. Tel: 0452 524012; fax: 0452 300105.

## Marketing link for ICI and Abbott

Following the announcement of the co-promotion agreement between Abbott Laboratories and ICI for temafloxacin (C&D August 3, p214), they have agreements for the marketing of Abbott's new quinoline antibiotic.

Under the terms of these agreements the companies are to co-promote the product under a single brand name in the USA and Sweden (Omniflox and Temac respectively) while in Italy each company will market the drug under their own brand name.

Chief executive of ICI Pharmaceuticals David Friend said: "Since the announcement of the UK agreement, ICI Pharmaceuticals and Abbott have pushed forward with a high level of commitment to introduce this product to the international anti-infectives market."

The senior vice president, international operations, of Abbott Laboratories J. Duncan McIntyre said: "ICI has a highly respected sales organisation and therefore, through these arrangements, we shall maximise temafloxacin's potential in the large and competitive quinolone market."

## Numark show

The correct date for the Numark trade show, "Sunday at home" is November 3. The event takes place at the Birmingham International Convention Centre.

## Coming events

### NPA in the North-East

The National Pharmaceutical Association is holding a one day conference in the North-East on October 13. The venue is The Royal Derwent Hotel, near Consett in Northumberland.

Members in the area will shortly be sent details of the speakers and an application form to attend. For further details telephone Ann Northey at Mallinson House on 0727 832161 ext 231.

### BPSA skiing holiday

There are a few places available on the next British Student's Association's skiing holiday, which will be in Andorra, from January 18-25, 1992. Total cost is £360 inclusive and a deposit of £65 is required to secure a place. For more details contact Clare Nolan on 051-336 3890.

### Kirklees CPTG opens doors

As part of a new initiative in the Yorkshire Region, Kirklees Community Pharmacy Training Group has now organised its first two training dates.

The two task-based learning courses, on "Response to symptoms," will be run by Dr John Purvis of Bradford University, at the Trust House Forte Hotel,

## IN THE CITY

Election fever has driven London share prices to record highs in the last few weeks helped by a small lead picked up by the Government in the opinion polls, and although John Major has been attempting to cool expectations of a November election, share prices continue to trade near their peak.

Health and household stocks have continued to enjoy further gains thanks to firm buying from overseas and general optimism about the world economy. Glaxo shares in particular have continued to reflect the sector's outperformance and have outstripped the market by 3 per cent in the last month. Over the last three-months they have outperformed by about 5 per cent.

However, Glaxo shares have seen a sharp fall ahead of their full year results due on Thursday. The market is looking for a robust performance with City forecasts ranged around £1.25 billion for the year ended June 30, compared with profits of £1.16 billion last year.

Ahead of the figures analysts were also looking for further news on Zantac's sales in the light of the competition from Losec, produced by the group's rival, Astra. Zofran is expected to have chalked up good sales but there are some worries over Serevant, which has been the subject of some medical controversy. In so some City observers believe their sales may have slowed.

Half year results from Fisons are due next week. City forecasters are looking for taxable profits of around £103m; but as the company has a much more active second half, few expect any surprises. However, there are hopes that it may be able give some positive news about Tilade, which has long been awaiting approval in the US.

After a better than expected half year result from Reckitt & Colman the shares have come in for some profit-taking. They had seen a good run and were beginning to look expensive in the short term.

Meanwhile Wellcome's shares have lost ground following a series of meetings between the company and analysts last week. The company is concerned that Retrovir is not being taken up by more patients who are HIV positive, but not suffering from Aids. This has led Shearson Lehman, the broker, to downgrade its 1992 forecast by £20m to £460m before tax.

Brighouse on Wednesdays October 23 and November 27, 7.45 for 8pm. The course qualifies for Section 63 expenses funding, and administrative support has been provided by Kirklees FHSA.

Co-ordinator Gill Hawsworth says for the first time the courses provide local continuing education for Kirklees pharmacists without the need to travel to a major centre like Bradford. Further details from Mrs Hawsworth on 0924 490788.

## Return to practice

Southampton & South West Hampshire Health Authority is holding a return to practise course for pharmacists on October 19-20.

The residential course will be held at the Dormy Hotel, Ferndown, Dorset. Topics to be covered include response to symptoms, drug interactions, patient information and drugs in pregnancy and lactation.

Details are available from Dr K. Humphreys on 0703 796724.

### Tuesday, September 17

**Bath & District Branch, RPSGB.** Gainsborough Room, Pratts Hotel, Bath, at 8pm. "Hormone Replacement Therapy" by Mr N.C. Sharp, consultant

obstetrician and gynaecologist. Buffet afterwards sponsored by Wyeth.

**Eastbourne Branch, RPSGB.** Postgraduate Medical Centre, Eastbourne General Hospital at 8pm (buffet 7.30pm). "The Channel Tunnel" by Mr S. Storer of Eurotunnel plc. Joint meeting with the Eastbourne Medical Society.

### Thursday, September 19

**Bedfordshire Branch, RPSGB.** Postgraduate Medical Centre, Luton & Dunstable Hospital, 8pm (buffet). "Manifestations of some drug reactions" by Dr M. Walsh, consultant dermatologist.

**Weald of Kent Branch, RPSGB.** Postgraduate Medical Centre, Kent & Sussex Hospital, Mount Ephraim, Tunbridge Wells, 7.45 for 8pm. "Problem areas for diabetes" by Dr D.S.J. Maw, consultant physician.

### Advance information

**Graver Boot Associates.** "Managing the NHS business", St Bartholomew's Hospital, London, **October 15.** For details call 0246 583440.

**Ipharmex.** International professional and pharmaceutical innovations exhibition, Lyon Eurexpo, France, **October 18-20.** Details from Sepelcom on (33) 7222 3344.

**RPSGB.** "Rapid microbiological methods for evaluation of antimicrobial agents", residential course, York, **October 21-23.** Details from Dr J. Clements on 071-735 9141 ext 289.

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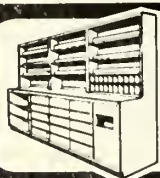
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# About people

## Land ahoy!

An interest which began over 10 years ago with paddling around in a dinghy has resulted in community pharmacist Frank Yantin being approved as a Royal Yachting Association shore-based instructor.

Mr Yantin, who works for the Co-op in London, gained the approval on the strength of several years experience and after he had attended courses learning not only how to sail, but also about the weather, signals, reading charts, first aid and cookery.

He is currently a member of the High Seas Sailing Club which meets regularly for social events and for regattas, usually on the South Coast in the Solent. Mr Yantin says he is very pleased with his approval as an instructor because sailing is something he really enjoys. His only wish is that he had more time for it.

Now he plans to offer day and evening courses in sailing. And, as he is mindful of the fact that pharmacists often have to work late, he is prepared to adapt the timing of courses as required. Anyone interested in taking Mr Yantin up on his offer should contact him on 081-882 9142.



Society president David Coleman (right) joins Eric Tomlinson, the science chairman, and Liz Morris, a fund raiser for the Alder Hey Hospital, in cutting a 150th anniversary celebration cake donated by the RPSGB Liverpool branch. The cake was sold at £1 a slice to raise money for Alder Hey Hospital

## Appointments

**Colin Bateman** has joined Wyeth Laboratories as director of the company's pharmaceutical division. He was previously divisional manager for Glaxo Laboratories and their Allied Division.

**Dr Manfred Schneider** will be appointed chairman of the board of management at Bayer AG next April. He joined Bayer in 1966 and has been a member of the board since 1987. Dr Schneider succeeds Hermann J. Strenger, who will assume chairmanship of the supervisory board.



Even before the Merseyside conference is over, it is time to start thinking about 1992 when the venue will be Birmingham. Nichola Lowe from Boots in Nottingham is hearing about all the attractions from Bob Leach, chairman of the 1992 organising committee, and transport manager Patrick Ball.

## Postscript

Frustrated with the packaging of Calvin Klein products, Mr H. White, manager of Hepworth & Hall Chemists of Atherton, Manchester, wrote to the company as follows:

"I have one word to say to you which would revolutionise your packaging: the word is Cellophane. Why you have not used this commodity so far on your ever so pale packs is beyond me. At the moment handling your stock has to be done with kid gloves and pricing becomes a nightmare! Come on, Calvin, get on with it and see your sales rocket".

In due course a reply winged its way over the pond from Wayne, New Jersey. It said:

"Thank you for taking the time to contact the Calvin Klein Cosmetics Company. Regrettably, our policy is to use only internally generated creative materials and ideas. Thus your original proposal is returned with this letter. Since we do not use outside proposals, let me assure you that no one in a position to evaluate or use your proposal has read it, nor have we retained any copies. Thank you for your interest in Calvin Klein."

Wonders Mr White: "Does this demonstrate the workings of the American mind?"

## Tapirs suffer from dry skin too!

It's not only us humans that suffer from dry, flaky skin, as Humphrey and Teasle at Colchester Zoo can testify.

Away from their natural habitat in the forests of South America, Humphrey and Teasle, the zoo's pair of captive-bred Brazilian Tapirs, are prone to suffer from dry skin. Having tried several brands of moisturiser on their hides without success, zookeeper Dawn Laycock now uses Cream E45 twice a week to combat the problem.

However, a hearty diet of 15-20lb of fruit and veg a day means that Humphrey and Teasle get through more tubs of Cream E45 than the average user. So Crookes Healthcare have donated a supply to the zoo to keep the pair looking their best for the cameras.

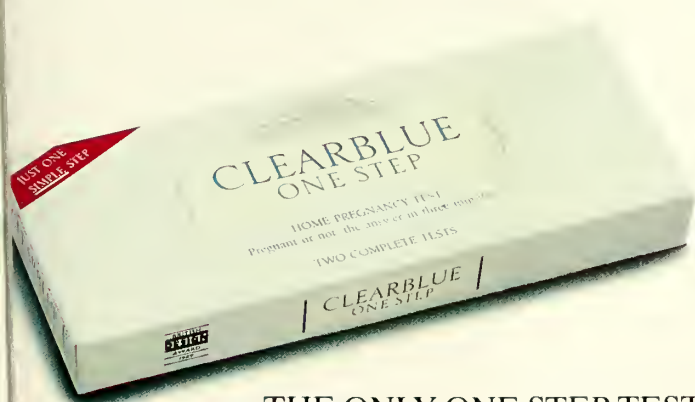
Pictured with Humphrey (aged 16 years) and zookeeper Dawn is E45 product manager Bridget Mander, helping to apply one of the two large size tubs of Cream E45 the pair get through in a week.



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